

Name in Full		Lucas Alrich				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Relay		Town		Baltimore
	County						
	Date of death		1908	Month	April	Day	18
	Age		86		Years	Months	11
	Sex		Male		Color or Race	White	
	Birthplace		Wilmington, Del.				
	Occupation		Farmer		Where Residing if not at place of death		
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband					
Father's Name		Peter Alrich				Father's Birthplace	
Mother's Maiden Name		Martha Pierce				Mother's Birthplace	
Name of person giving information		Frank C. Alrich				How related to deceased	
						Son	
		CAUSES OF DEATH				154	
PHYSICIAN OR CORONER	Primary		Age				How long
	Immediate		Arterio Sclerosis - Debility				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes				probably 10 years
	Signature of Physician		W.R. Eason				
	Address		Eek Ridge Md.				
Accident or Suicide?							

William Lickner
Chertown
Kent County

Name
in
Full

Elizabeth B. Antmann

CERTIFICATE OF DEATH

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		Month 8	Day 4	Age 20	Years 6	Months	Days
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation None				Where Residing if not at place of death 226 Foster Ave. E.			
Married, Single or Widowed M.		Name of Wife or Husband Conrad Antmann					
Father's Name Michael Fischer				Father's Birthplace Germany			
Mother's Maiden Name Susanna				Mother's Birthplace C.C.			
Name of person giving information Conrad Antmann				How related to deceased Husband			

CAUSES OF DEATH

27

4 months

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	4 months
	Immediate	Asphyxia		How long	two days
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		J. W. Stoner		
Address		1501 E. Eager St. Baltimore			
Accident or Suicide?					

Holy Redeemer Sem,
Herrwig & Son
4/10/08

~~Revelation~~ 4
311 Ep. Carter Ann.
~~Died at~~ 4
226 Fortu Ann
~~4~~

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sauraville</i>		<i>Baltimore</i>	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>21</i>	Age <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>city</i>	
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>Sauraville</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John Anthony</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Bessie Passmore</i>	Mother's Birthplace <i>England</i>		
Name of person giving information <i>John Anthony</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Sarcoma of Hip.</i>	How long <i>Six months.</i>
Immediate <i>Exhaustion from same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Robert F. Green M.D.</i>
	Address <i>127 Furguth St. Baltimore Md.</i>
Accident or Suicide?	

S. Mary's Cemetery
Roland Ave. Haver
Henry Hoeck Sr

Name
in
Full

Estella Barton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

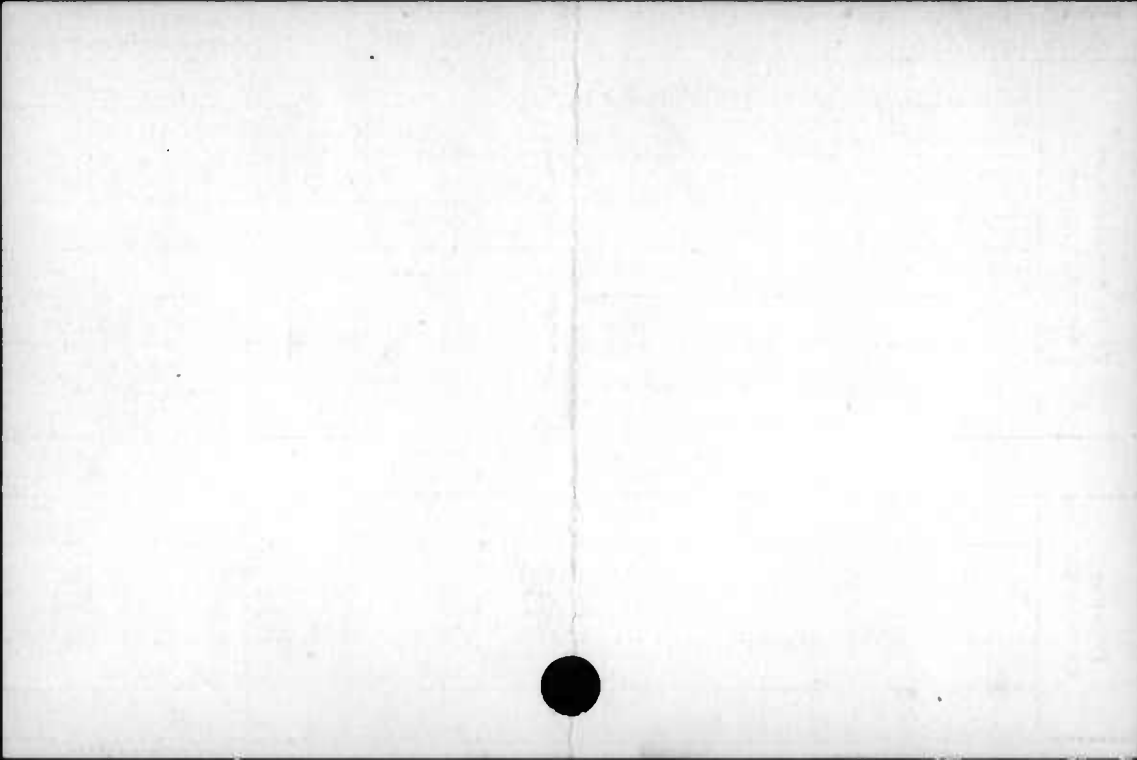
Died at <i>Fort</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>4</i>	Age <i>21</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Servant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Johnson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Barton</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Edward Barton</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Green</i>	
<i>—</i>		Address <i>Sittings</i>	
Accident <i>—</i> or Suicide?		<i>Ind</i>	



Name in Full		Elijah Bedford (Col)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death		Month	Day	Age	Years
		Sex		Color or Race	Birth-place		
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">166</div>							
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address					
Accident or Suicide?		Accident					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Catonsville</i>		County <i>Balto</i>	
		Date of death <i>1908</i>		Month <i>April</i>	
		Day <i>26</i>		Age <i>about 100 yr.</i>	
		Sex <i>female</i>		Color or Race <i>Colored</i>	
		Occupation <i>Housewife</i>		Birth-place <i>Howard Co</i>	
		Where Residing if not at place of death <i>Catonsville</i>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Marathon Bentley</i>	
		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Lucy S Day</i>		How related to deceased <i>Cousin</i>			
		CAUSES OF DEATH		(154)	
PHYSICIAN OR CORONER		Primary <i>Old age</i>		How long	
		Immediate <i>Asthma</i>		How long <i>3 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Marshall B. West</i>	
		Address <i>Catonsville Md</i>			
Am I a Surgeon?					

Robert Elliot

Foot Guards

Name
in
Full

Anna Gelblum Blooming.

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

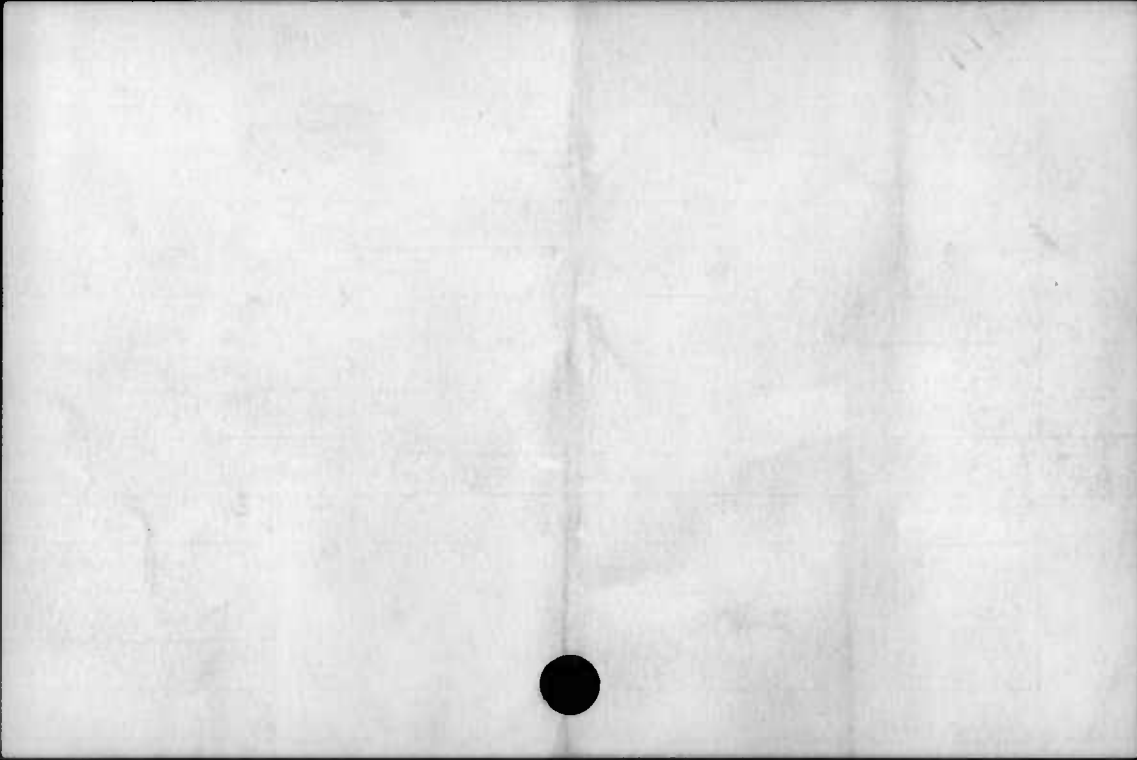
Died at <i>Washingt</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>11</i>	Age <i>18</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Home</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Sam'l Gelblum</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sarah Laffin</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Helen Gelblum</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulm. Tuberculosis</i>	How long <i>About 1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Burtin</i>
 Accident or Suicide?	Address <i>Washingt</i>



Name
in
Full

Greenbury W. Boring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

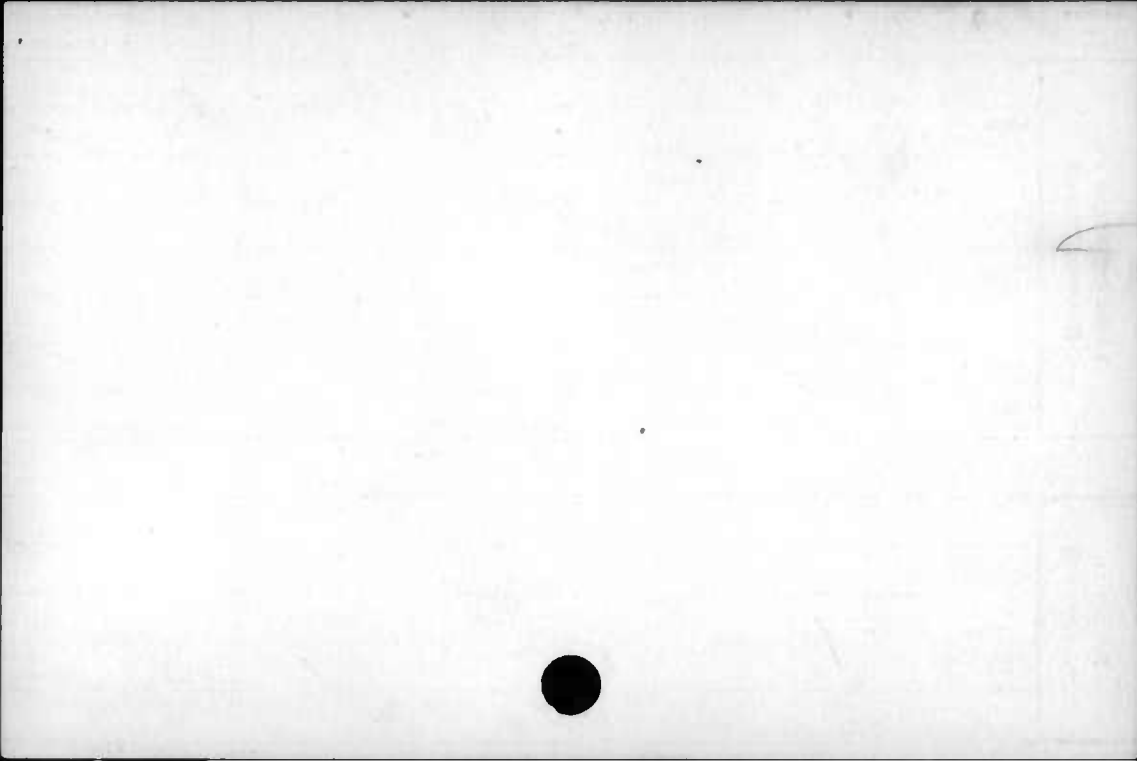
Died at <i>Trinton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	4	Day	26
Age		83		Years	
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Retired Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Jeannette Shaeffer		
Father's Name	Richard Boring		Father's Birthplace	Md	
Mother's Maiden Name	Catherine Wheeler		Mother's Birthplace	Md	
Name of person giving information	Mr Shumberger		How related to deceased	none	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Pardysis	How long	suddenly
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo. H. Wilson M.D.
		Address	Fowblesburg Md
Accident or Suicide?			



Name in Full		Ethelbert Stanton Bosley Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		1008		April		16	
		Date of death		1908		Age	
		1		2		Months	
		2		Days		Maryland	
		Sex		Color or Race		Birthplace	
		Male		White		Md.	
Occupation		Where Residing if not at place of death		Lowson			
Infant							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		E. Stanton Bosley		Father's Birthplace			
Md.							
Mother's Maiden Name		Julia Correll		Mother's Birthplace			
Md.							
Name of person giving information		E. Stanton Bosley		How related to deceased			
				Father			
CAUSES OF DEATH						105	
PHYSICIAN OR CORONER		Primary		Acute Gastro-Enteritis		How long	
		3 hours					
		Immediate		Convulsions		How long	
		3 hours					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address			
				J. P. [unclear] M.D.			
				Lowson Md.			
Accident or Suicide?							
LIBRARY BUREAU A66616							

Interment at
Thurmont
Frederick Co., Md.

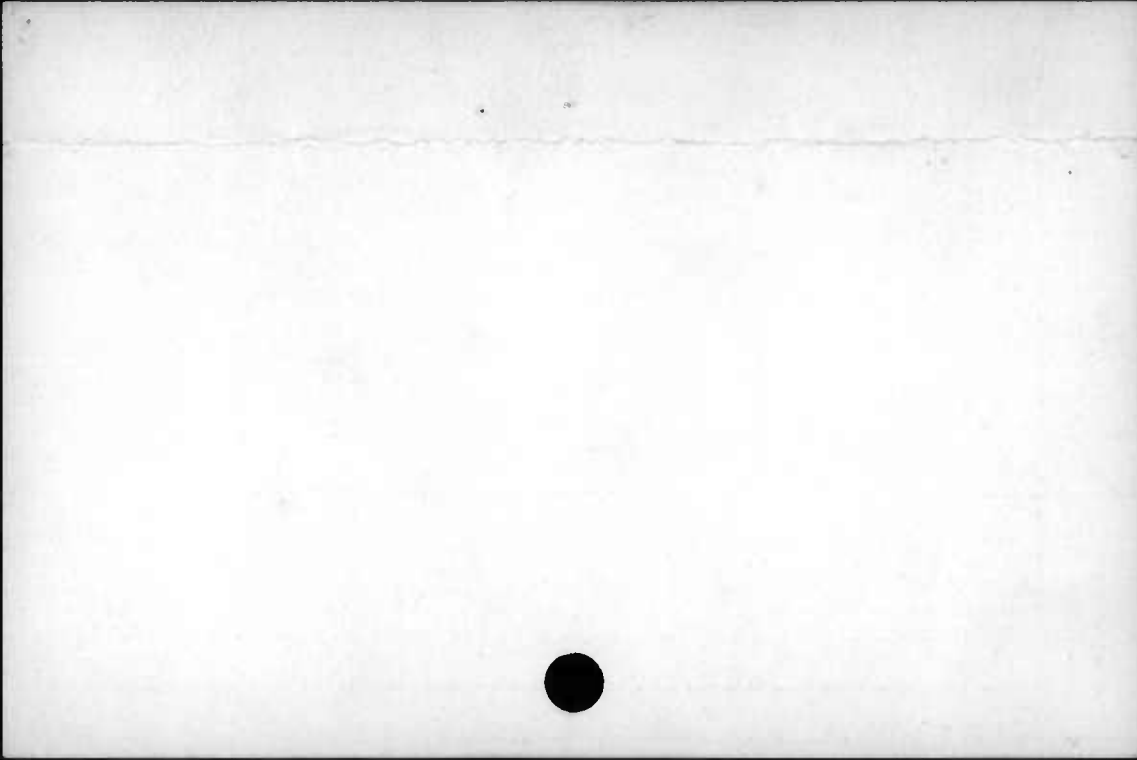
April 18 1908

Stewart & Mowen Co
Undertakers

215 Park Ave

Baltimore Md.

Name in Full		Viola Annie Bowdle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Auriga Mills		County Baltimore		MARYLAND
	Date of death 190		8	Month April	7	Day 7	Age 17
	Sex		Female		Color or Race White		Months 6
	Married, Single or Widowed		Single		Birth-place Easton, Md		Days 3
	Name of Wife or Husband		Occupation Private Asylum for Feeble Minded				
	Father's Name		Staubrun Bowdle		Father's Birthplace Caroline Co. Maryland		
Mother's Maiden Name		Annie C. Nicols		Mother's Birthplace same			
Name of person giving information		Staubrun Bowdle		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Dribble Pneumonia			How long 11 Days	
	Immediate		Heart Failure			How long Immediate	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Frank W. Keating, M.D.			
	Accident or Suicide?			Address Auriga Mills Maryland			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grange</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	<i>8</i> Month <i>3</i> Day	Age <i>10</i> Years	<i>10</i> Months <i>17</i> Days
Sex <i>Male</i>	Color or Race <i>Colord</i>	Birth-place <i>Balto City</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Grange. Balto Co. Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Charles Boyle</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Nora Boyle</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Nora Boyle</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

179

-PHYSICIAN-
OR CORONER

Primary <i>Death due to</i>	How long <i>—</i>
<i>Natural Causes.</i>	How long <i>—</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson.</i>
	Address <i>1570 Highland Ave</i>
	<i>Baltimore County Md</i>
Accident or Suicide? <i>—</i>	

Liston P. Fussellough
570 N Gay St.

Astbury Cemetery

April 6th 1904

W

Name
in
Full

Kannie J. Brandt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Windsor Hills</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>26</i>	Years <i>36</i>	Months <i>6</i>	Days <i>18</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place <i>Norfolk Va</i>	
Occupation	<i>Wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>John H. Brandt</i>				
Father's Name	<i>John C. Brandt</i>				Father's Birthplace <i>Va</i>		
Mother's Maiden Name	<i>Ant-Krown</i>				Mother's Birthplace <i>Va</i>		
Name of person giving information		<i>John H. Brandt</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Pelvic Carcinoma</i>	How long	<i>Indefinite</i>
Immediate	<i>Abdom. Dropsy - Exhaustion</i>	How long	<i>Six months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>R. B. Vorwerk M.D.</i>	
Address		<i>3043 Chestnut Ave Baltimore Md</i>	
Accident or Suicide?			

Lo. ~~Rovais~~ Amberg
Apr 28 - 1908

A. J. Marshall
3539 Fall Road

No 787

Name in Full		Annie Broch				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Westport		County Baltimore		MARYLAND	
	Date of death	1908	Month 4	Day 23	Age 35	Months 1	Days 21
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Germany	
	Married, Single or Widowed	Married		Name of Wife or Husband		Henry Broch	
	Father's Name	Krug, Christian Name unknown		Father's Birthplace		Germany	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Germany	
	Name of person giving information	Henry Broch		How related to deceased		Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; font-size: 1.5em;">175</div>							
PHYSICIAN OR CORONER	Primary	Taken Phosphorus Poisons Through Implants					How long
	Immediate	Inflammation of stomach & bowels.					How long
	Are the name, age, sex, color, date and place correctly given above?	Yes					
	Signature of Physician	August W. Miller, Coroner,					
	Address	Mr. Winans Baltimore, Md.					
Accident or Suicide? <input checked="" type="checkbox"/> Suicide							

1st Evangelical Sem.
H. Sander & Sons
April 25/08

Name
in
Full

Edmond Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

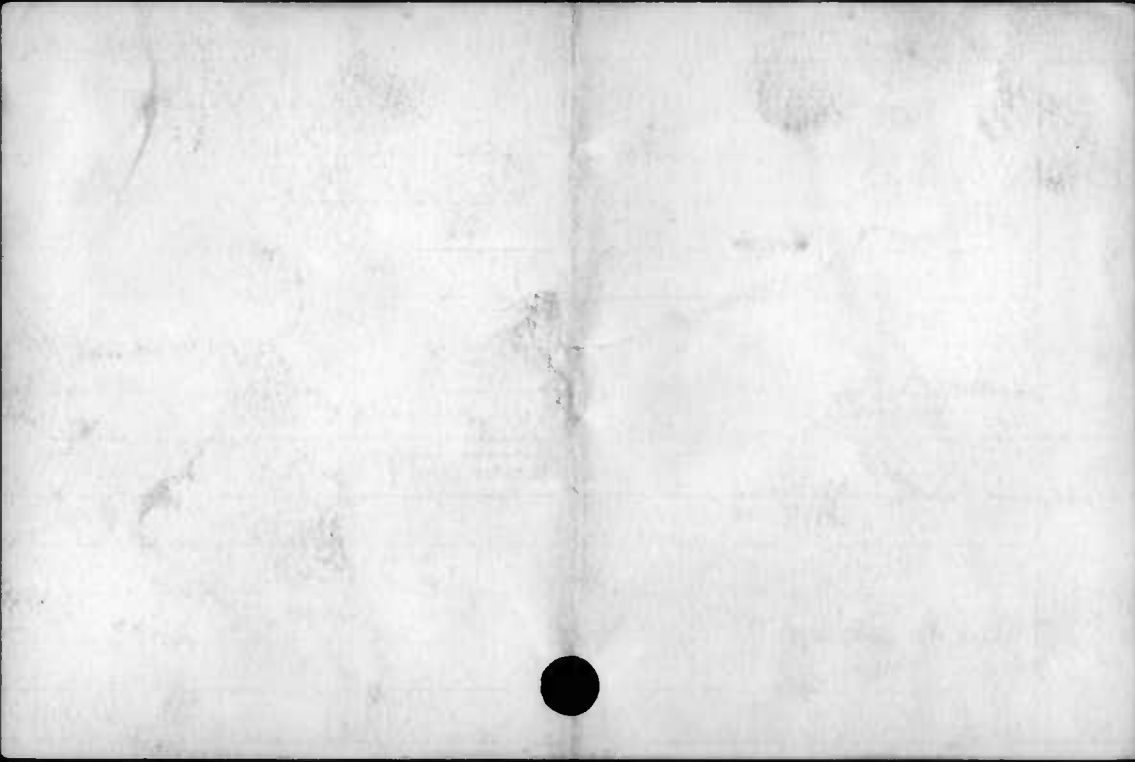
Died at <i>near Upper Falls</i>		Town <i>Balto Co</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>25</i>	Age <i>33</i>	Years	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>Chero</i>		Birth-place <i>Balto Md</i>				
Occupation <i>Cowman</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Augustus Brown</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Amelia Hines</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>George Brown</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>about 6 months</i>
Immediate	<i>Exhaustion of vitality</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Pledge, M.D.</i>	
		Address <i>Fallston Md Route 2</i>	
Accident or Suicide? <i>No</i>			



Name
In
Full

Peter Brune

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Highlandtown* ^{County} *Balto* **MARYLAND**

Date of death *1908* ^{Month} *April* ^{Day} *14th* ^{Years} *53* ^{Months} *9* ^{Days} *1*

Sex *Male* Color or Race *White* Birth-place *Balto-cld.*

Occupation *Cabinet Maker* Where Residing if not at place of death *_____*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Brune*

Father's Name *Frank Brune* Father's Birthplace *Germany*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Germany*

Name of person giving information *Frank Brune* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Respiritis* How long *7 months*

Immediate *Uremia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm L Jones*

Address *119 Elliott St.*

Accident or Suicide? *_____*

St. Alphonsus Cemetery

April 17th 1908

Germanus France

Undertaker

Name
in
Full

Albert E Benischla

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		8 Apr		21st		Age 7	
Sex		Male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Child	
Name of Wife or Husband		Albert H Benischla					
Father's Name		Albert H Benischla				Father's Birthplace	
Mother's Maiden Name		Bertha W. Shelby				Mother's Birthplace	
Name of person giving information		" " E Benischla				How related to deceased	

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary		Cause at Death		How long	
Immediate		Cardiac Failure		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
Address		1228 N. Chapin St.		No.	
Accident or Suicide?		No.		Baltimore City.	

E. Schloman & Son

Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Calendar		Baltimore		MARYLAND		
		Date of death		1908	Month	April	Day	12	Age	53
		Sex		Male		Color or Race		White		
		Occupation		Nurse		Where Residing if not at place of death		X		
		Married, Single or Widowed		Single		Name of Wife or Husband		X		
		Father's Name		unk		Father's Birthplace		unk.		
		Mother's Maiden Name		unk		Mother's Birthplace		unk.		
		Name of person giving information		—		How related to deceased		—		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Epileptic Insanity				How long 30 yrs.		
		Immediate		Status Epilepticus				How long 1 hour.		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. B. Miller		
				No		Address		Baltimore, Md.		
		Accident or Suicide?		No						

H. C. Wiedefeld

914 Greenmount Av.

Baltimore

Texas Batts Co.

Name
in
Full

Levin Chance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Hightstown</i> <small>Town</small>		<i>Dalls</i> <small>County</small>			
Date of death <i>1908</i>	<i>ape</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>71</i> <small>Years</small>	Months	Days
Sex <i>man</i>	Color or Race <i>White</i>		Birth-place <i>New Jersey</i>		
Occupation <i>mariner</i>		Where Residing if not at place of death <i>222 E. East Ave Hightstown</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Chance</i>				
Father's Name <i>Mr Chance</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Mr R Chance</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>?</i>
Immediate <i>Pulmonary congestion</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Hyden M.D.</i>
	Address <i>1425 Light St Baltimore</i>
Accident or Suicide? <i>No</i>	

R. T. Turner -

London Park
Armetery. -

April 17/08.

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Rossville</u> <small>Town</small>		<u>Bald</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>April</u> <small>Day</small> <u>13</u>		Age <u>11</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>md</u>	
		Occupation <u>School girl</u>	Where Residing if not at place of death <u>—</u>		
		Married <u>Single</u> or Widowed	Name of Wife or Husband		
Father's Name <u>John Christ</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Minnie Stevens</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>John Christ</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Malignant scarlet fever</u>	How long <u>4 days</u>		
		Immediate <u>—</u>	How long <u>—</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. H. H. H.</u>		
		Address <u>Rossville</u>			
Accident or Suicide? <u>—</u>		Address <u>md</u>			

(1)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Addie V. Clark

Town Arlington County Balto MARYLAND

Died at Arlington

Date of death 1908 Apr 20 : Age 46 Months — Days —

Sex female Color or Race wh Birth-place Pa

Occupation Housekeeper Where Residing if not at place of death Arlington

Married, ~~Single~~ Married Name of Wife or Husband B. R. Clark

Father's Name Cyrus Leris Father's Birthplace Pa

Mother's Maiden Name Elizabeth Purson Mother's Birthplace Del

Name of person giving information B. R. Clark How related to deceased husband

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary Epileptiform spasms How long 6-7 yrs

Immediate Uraemia How long 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Henry Russell

Address Brookland Ave
West-Urlington

Accident or Suicide? no

Burial at
Furber Hill Sta.
Harford Co. Md
Wm Cook &
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

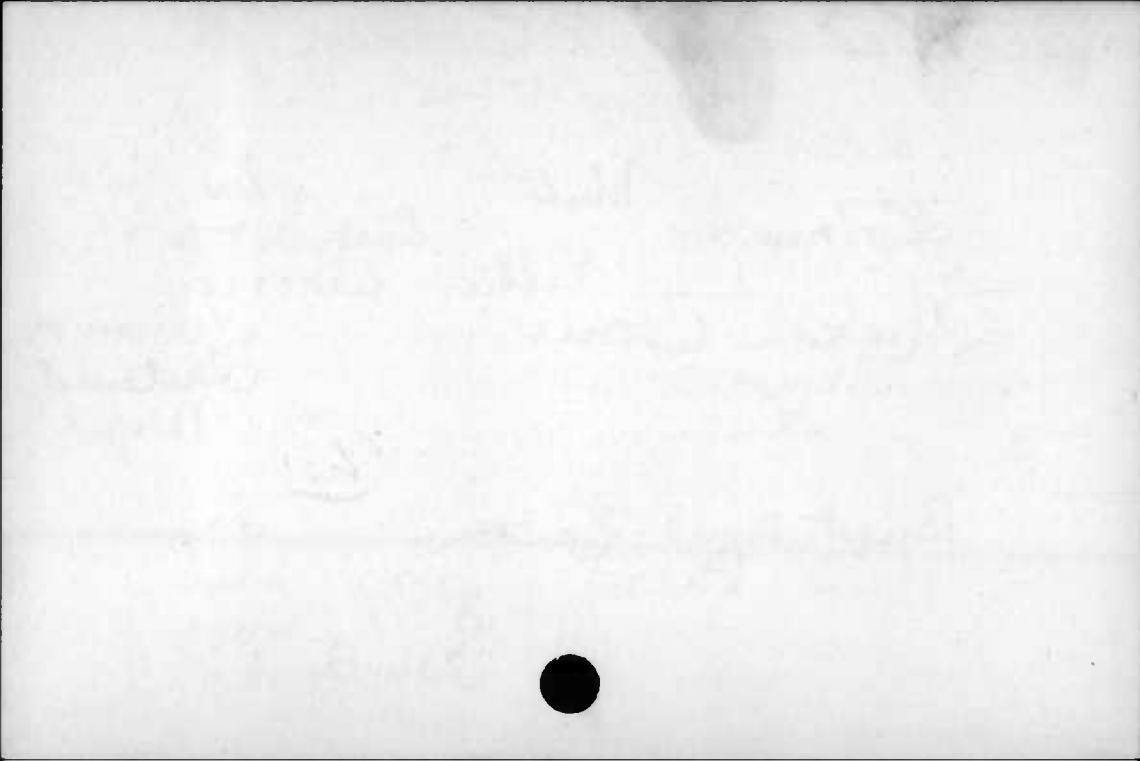
Died at		Leatonsville		Bath	
Date of death		1908	April	23	Age 72
Sex		Male		Color or Race	White
Occupation		Unknown		Birthplace	Unknown
Married, Single or Widowed		Married		Name of Wife or Husband	unk
Father's Name		unk		Father's Birthplace	unk
Mother's Maiden Name		unk		Mother's Birthplace	unk
Name of person giving information		-		How related to deceased	-

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	Dementia	How long	3 yrs
Immediate	Transverse Myelitis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Gray Nade	
Address		Leatonsville, Md	
Accident or Suicide?		No.	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full Michael P. Cooney		Town Keighlanon, 16th & Eastern Av.		County 13th		MARYLAND	
Died at 1908		Month May		Day 14		Age 42	
Date of death		Sex Male		Color or Race White		Birth-place New York	
Occupation Laborer		Where Residing if not at place of death Eastern Av & 16th St.					
Married, Single or Widowed Widowed		Name of Wife or Husband Lillie Cooney					
Father's Name Michael Coonie		Father's Birthplace Ireland					
Mother's Maiden Name Mary Ann - Lander		Mother's Birthplace Ireland					
Name of person giving information Lillie Coonie		How related to deceased Wife					

CAUSES OF DEATH

27

Primary Bright. Deaf & Heart attack		How long 3 months	
Immediate Deaf to Phthisis		How long do	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. M. Danner	
Address 304 Bank St Ex 12			
Accident or Suicide?			

11

William Coats, -

4 Holy Cross Cemetery

April 16 / 08 .

11

Name
in
Full

Medora Ellsworth Cooper

CERTIFICATE OF DEATH

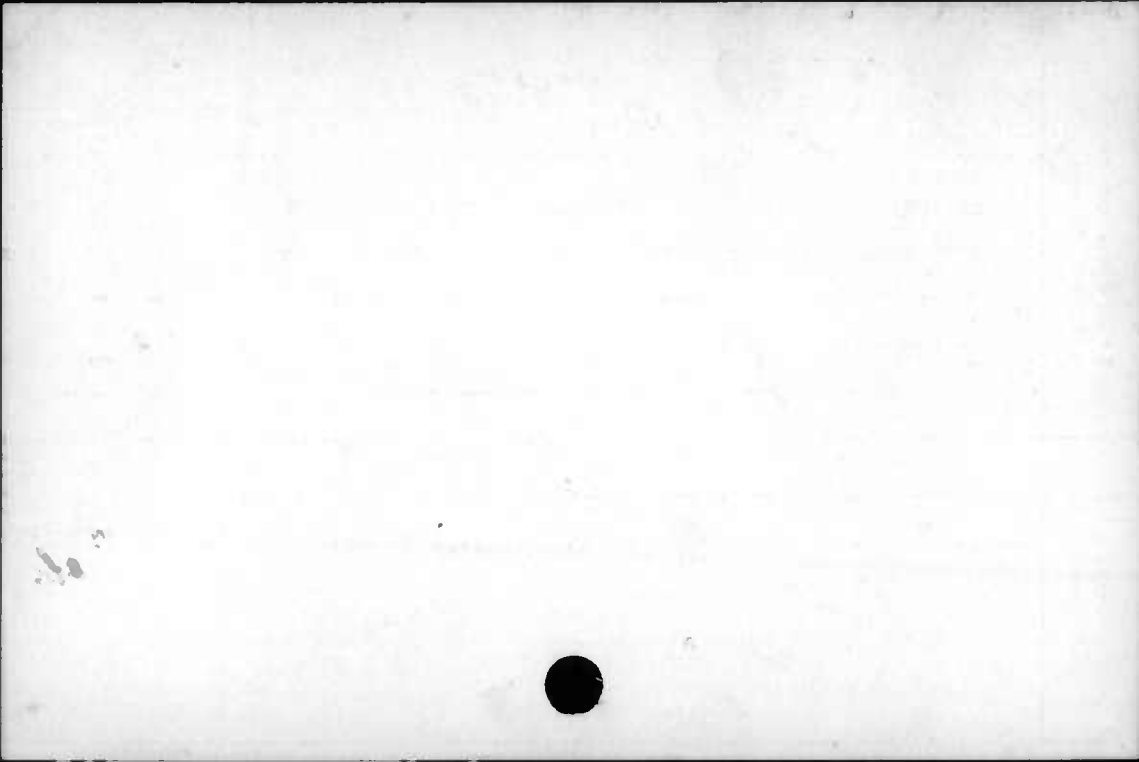
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Eklo</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>12</i>	Age <i>46</i>	Months <i>4</i>	Days <i>16</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>and</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John W. Cooper</i>	Father's Birthplace <i>and</i>				
Mother's Maiden Name <i>Rachal A. Rogers</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>John W. Cooper</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>40 yrs</i>
Immediate <i>Struck from a fall</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Harris</i>
<i>J</i>	Address <i>Parkton Md.</i>
Accident or Suicide?	



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		St. Dennis		Baltimore		MARYLAND					
	Date of death		1908	April	19	Age	33	Months	Days			
	Sex		male		Color or Race		white		Birth-place			
	Occupation		Printer		Where Residing if not at place of death		St. Dennis		New Jersey			
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary Crane					
	Father's Name		Joseph Crane		Father's Birthplace		Not known					
	Mother's Maiden Name		Rachel Crowell		Mother's Birthplace		New Jersey					
	Name of person giving information		Mary Crane		How related to deceased		Wife					
CAUSES OF DEATH						64						
PHYSICIAN OR CORONER	Primary		Cerebral Hemorrhage with Paralysis				How long		one year			
	Immediate		same				How long		same			
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Arthur Williams			
							Address		Elk Ridge Ind			
	Accident or Suicide?		No									

Trenton
New Jersey -

Chas A. R

Carp.

Name
in
Full

Anna Craghan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marysville</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>April</u>	Day <u>20</u>	Years <u>61</u>	Age
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Ireland</u>
Occupation	<u>Housewife</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Augustine Craghan</u>		
Father's Name	<u>Augustine Craghan</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Margaret Kellomies</u>			Mother's Birthplace	<u>Not known</u>
Name of person giving information	<u>Augustine J. Craghan</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Cardiac transference</u>	How long	<u>6 months</u>
Immediate	<u>Stroke</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm J. Buppert</u>
		Address	<u>Roslyn Baltimore</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Wm Cummey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

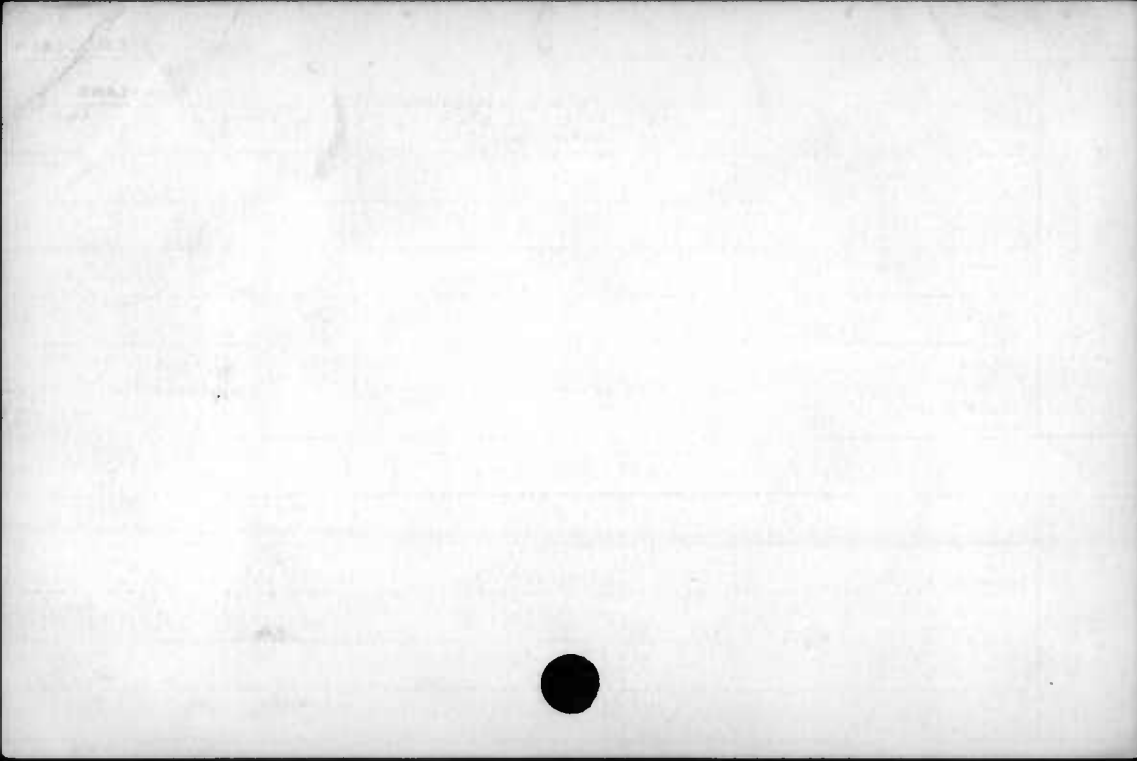
Died at <u>Chase</u> Town		<u>Belt</u> County		MARYLAND	
Date of death	<u>1908</u> Month	<u>18</u> Day	Age	<u>68</u> Years	Months <u>—</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>at Chase</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>Helen Cummey</u>		
Father's Name	<u>unknown</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Alfred Sings</u>		How related to deceased	<u>None</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>2 yrs</u>
Immediate	<u>7 years jaundice</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. J. Meade</u>	
		Address <u>Prossville Pa</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Lizzie A. Currier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Endwood. Town Beth County

Date of death 1908 April 28 Day 50 Years 6 Months 13 Days

Sex Female Color of Race White Birth-place Mass.

Occupation Nurse. Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving information Hospital How related to deceased —

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 2 yrs.

Immediate E. exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician G. William Lenthien Jun 8

Address 330 E. Charles St.

Accident or Suicide? —

EM Mitchell

1201 W Fayeth St

Newburyport
Mass

Name
in
Full

Ella L. Darrett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grange</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	190 <u>5</u> <u>April</u> Month	Day <u>4</u>	Age <u>2</u> Years	Months <u>7</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Grange, Md.</u>		
Occupation <u>None</u>	Where Residing if not at place of death				
Married Single or Widowed		Name of Wife or Husband			
Father's Name <u>G. J. Darrett</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Ella V. Warner</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>G. J. Darrett</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Brucellosis</u>	How long	<u>1 week</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>F. B. Eldred Md.</u>	
		Address <u>Spencer Point Md.</u>	
Accident or Suicide? <u>No</u>			

Armstrong Denny Co

Int. Carmel Cemetery,

April 6/08.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

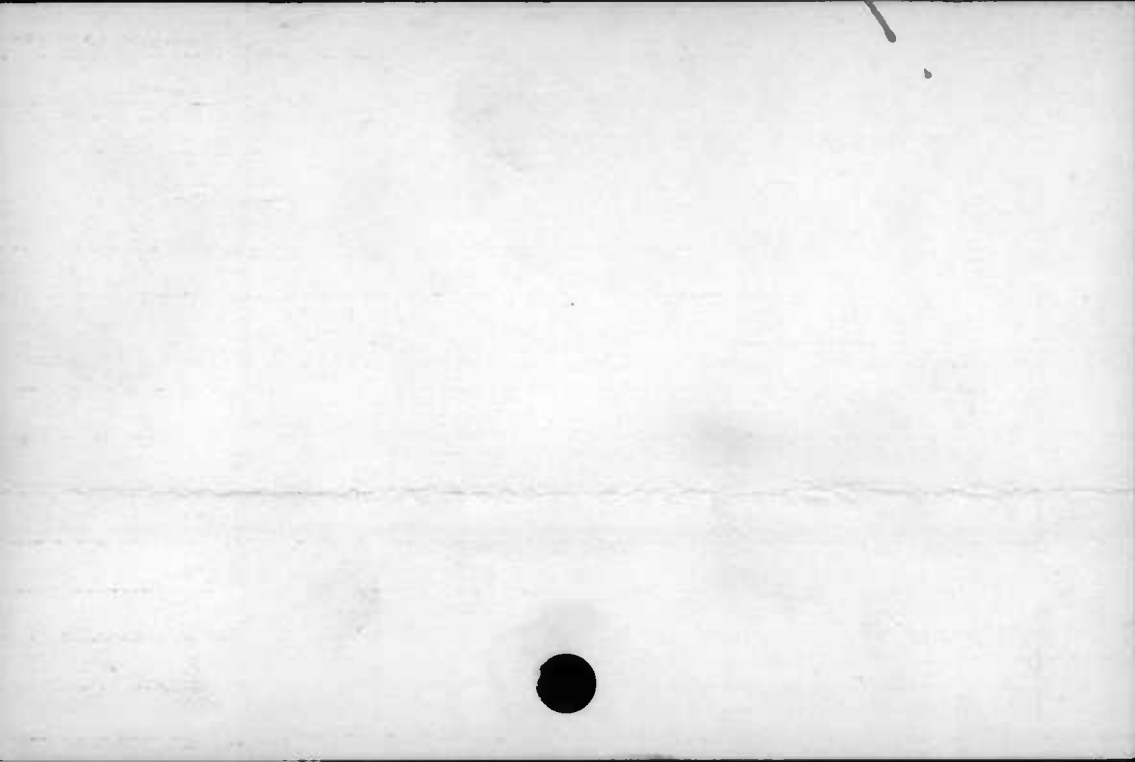
MARYLAND

Died at <i>Freeland</i>		Town <i>Freeland</i>		County <i>Balto.</i>	
Date of death	1908	Month	April	Day	13
Age	4 0	Years	0	Months	0
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Freeland</i>
Occupation			Where Residing if not at place of death <i>Freeland</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Henry Dausch</i>			Father's Birthplace	<i>Balto.</i>
Mother's Maiden Name	<i>Rosie Schlalain</i>			Mother's Birthplace	<i>Balto. Co. Md.</i>
Name of person giving information	<i>Mr. Geo. Schlalain</i>			How related to deceased	<i>uncle</i>

CAUSES OF DEATH

60

Primary	<i>Acute Aphalitis</i>	How long	<i>3 days</i>
Immediate	<i>Acute Aphalitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>William C. Dammick</i>
		Address	<i>Shrewsbury Pa</i>
Accident or Suicide?			



Name in Full *Anne Davis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hampton - Balto - Co* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *April* ^{Day} *21st* ^{Years} *Age 75* ^{Months} *—* ^{Days} *4*

Sex *Female* Color or Race *Negro -* Birth-place *Compers Farm Baltimore Co*

Occupation *Chamber maid* Where Residing if not at place of death *Baltimore City*

Married, Single or Widowed *— married* Name of Wife or Husband *Lewis Davis*

Father's Name *Ambrose Brown* Father's Birthplace *Hampton Farm*

Mother's Maiden Name *Polly Pratt* Mother's Birthplace *Don't know*

Name of person giving information *Dr James M. Howard* How related to deceased *not related*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Asthma & Dropsy* How long *Asthma for 10 years*

Immediate *Heart Failure* How long *3 days to a week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr J. M. Howard - M. D.*

Address *202 E. 25th St*

Baltimore

Accident or Suicide? *—*

John Burns Sons
Touscy

Hampden Estate
Family Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Arlington

Town

Baltimore

County

MARYLAND

Date

of death 1908

Month

4

Day

9

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Arlington Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Mr. Day

Father's
Birthplace

Baltimore City

Mother's
Maiden Name

Eva Peacock

Mother's
BirthplaceName of person giving
Information

Mr. Day

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Infant

How long

Few hours.

Immediate

In uterine position and collapse

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William P. Hill M.D.

Address

Arlington. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

McKendra Cemetery
Jacob H. Kraft—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>28</i>	Age <i>26</i>	Years <i>26</i>	Months <i>—</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto City</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>446 Lombard St</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Deaver</i>			
Father's Name <i>Chas. Roemer</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Lizzie Hoff</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Henry Roemer</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Parenchymatous Nephritis</i>	How long <i>1 month</i>
Immediate <i>Uraemia</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. D. Maxm</i>
<i>110</i>	Address <i>3 and Douglas Highlandtown Md</i>
Accident or Suicide? <i>No</i>	

Pleasant Hill Conn.

J Herwig son

4/25/08

Name in Full		Nathan Lorn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hightstown		County Balto.		MARYLAND	
	Date of death	Month April	Day 28	Age 1	Years	Months 3	Days 25
	Sex	Male		Color or Race	White		
	Occupation	none		Birth-place	Balto Co.		
				Where Residing if not at place of death	none		
	Married, Single or Widowed	Single		Name of Wife or Husband	no.		
	Father's Name	John Lorn			Father's Birthplace	Balto. Co.	
Mother's Maiden Name	Vellie Edmondson			Mother's Birthplace	Balto. Co.		
Name of person giving information	John Lorn			How related to deceased	Father.		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">92</div> </div>							
PHYSICIAN OR CORONER	Primary	Lobular Pneumonia			How long	4 days	
	Immediate	Exhaustion			How long	24 hours	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	J. L. L. L. L.	
		No			Address	34 South High Street	
	Accident or Suicide?						

St. Patrick's Cemetery
~~at~~ May 1st 1908
Germanus France

Name

In
Full

unmanned Infant Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manor Park</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>April</i> ^{Month} <i>18</i> ^{Day}	Age <i>new</i> ^{Years}	<i>0</i> ^{Months} <i>0</i> ^{Days}
Sex <i>M</i>	Color or Race <i>W.</i>	Birth-place <i>Manor Park</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Leticia Duckett</i>		
Father's Name <i>Robert Duckett</i>	Father's Birthplace <i>Balto Md.</i>		
Mother's Maiden Name <i>Katie Long</i>	Mother's Birthplace <i>Balto Md.</i>		
Name of person giving information <i>Robert Duckett</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sudden Death</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Hoag</i>
	Address <i>712 Columbia Ave.</i>
Accident or Suicide?	

Mr. Bleak
London

Name
in
Full

Jno S. Dunn

CERTIFICATE OF DEATH

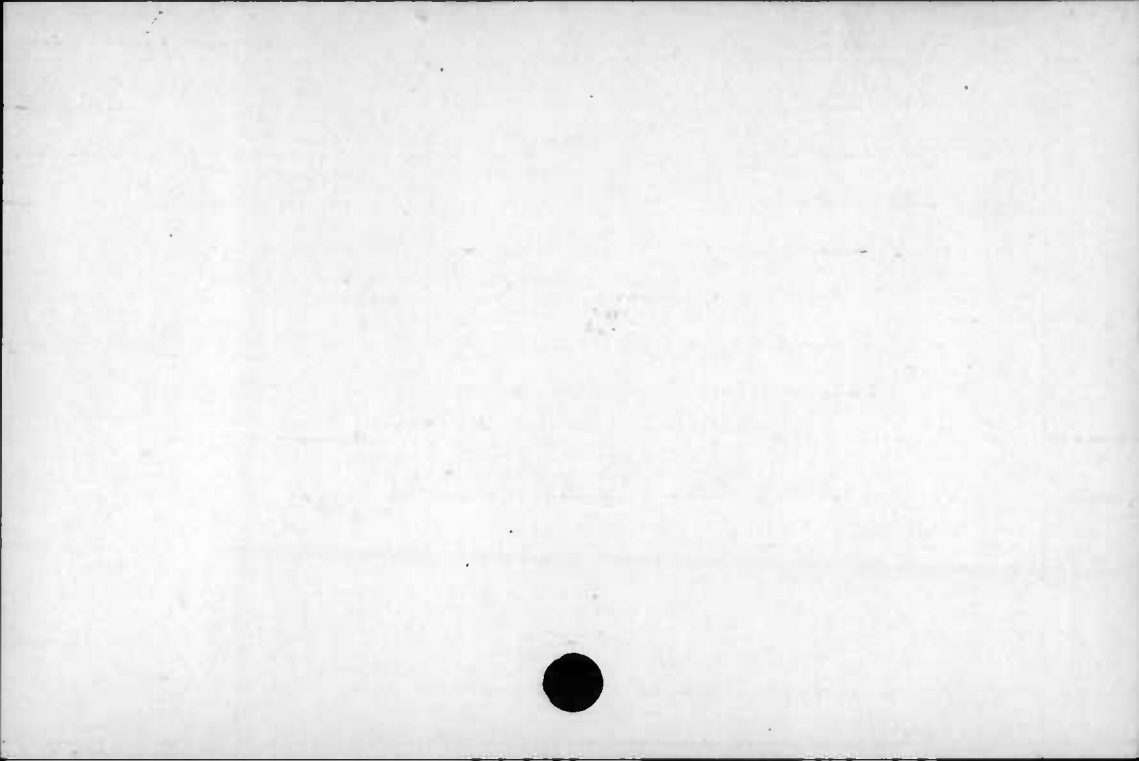
MARYLAND

Died at *Mt Hope Retreat* *Bullo* CountyDate of death *1908* *Apr* *18th* *Age 31* *not known* *not known*Sex *Male* Color or Race *White* Birth-place *Alexandria Va*Occupation *Evocor* Where Residing if not at place of death *Alexandria Va*Married, Single or Widowed *Single* Name of Wife or Husband *not known*Father's Name *not known* Father's Birthplace *not known*Mother's Maiden Name *ll* *ll* Mother's Birthplace *ll ll*Name of person giving information *Recd Mt Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

68

Primary *Angina Chronic* How long *8 or 9 yrs -*Immediate *Ex - Gastro-Enteric Toxaemia* How long *abt 4 or 5 mos -*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Flannery*Address *Mt Hope Retreat*Accident or Suicide? *ll* *Mt Hope ma*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Cornelius Ebbs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Calonsville		County Balt		STATE MARYLAND
	Date of death		1908	Month April	Day 3	Age Years 39	Months 10 Days 17
	Sex		Male		Color or Race Col'd		Birth- place Calonsville
	Occupation Waiter				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name William Ebbs				Father's Birthplace Unknown		
	Mother's Maiden Name Sarah E. Ebbs				Mother's Birthplace Calonsville		
Name of person giving In formation Sarah E. Matthews				How related to deceased Mother			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">91</div>							
PHYSICIAN OR CORONER	Primary		Chronic Bronchitis			How long 3 mos	
	Immediate		Exhaustion			How long 2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician R. C. L. Matthews		
					Address Calonsville Ind		
Accident or Suicide?							



Name
in
Full

L Prical Ennor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

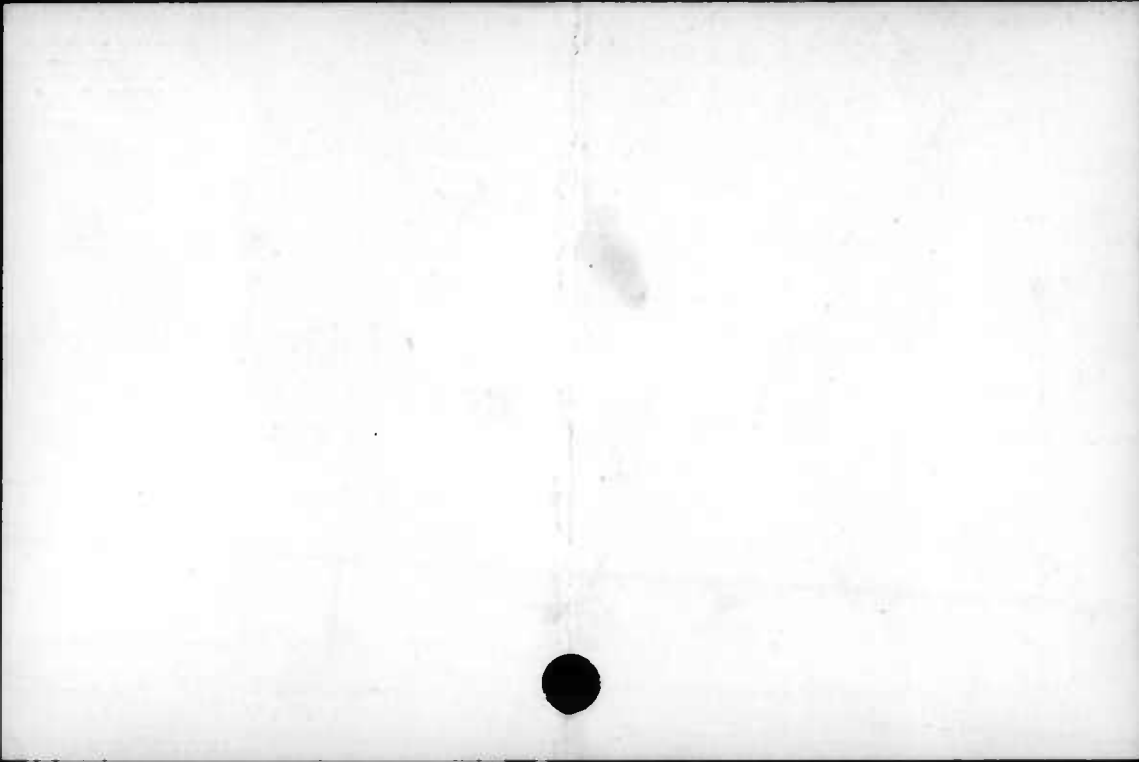
Died at <i>Philopolis</i> ^{Town}		<i>Balts</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>4</i>	Day <i>16</i>	Age <i>68</i>	Months —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balts Co</i>		
Occupation <i>Farmer</i>			Where Residing if not, at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Mary Anna Price</i>		
Father's Name <i>Abraham Ennor</i>			Father's Birthplace <i>Balts Co</i>		
Mother's Maiden Name <i>Patricia Ennor</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Mr Wm Burks</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>13 years</i>
Immediate <i>Nemic Coma</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. M. Sherman M.D.</i>
	Address <i>Glenview, Ind</i>
Accident or Suicide?	



Name
In
Full

Michael T Fulton

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt Hope Retreat ^{County} BaltoDate of death 1908 ^{Month} Apr ^{Day} 26 ^{Years} Age 43 ^{Months} not known ^{Days} not knownSex Male ^{Color or Race} White ^{Birth-place} BelknapOccupation Salesman ^{Where Residing if not at place of death} Balto Md -Married, Single or Widowed Married ^{Name of Wife or Husband} not knownFather's Name not known ^{Father's Birthplace} not knownMother's Maiden Name " " ^{Mother's Birthplace} " "Name of person giving information Reeds Mt Hope ^{How related to deceased} not at all

CAUSES OF DEATH

67

Primary Dementia Paralytica ^{How long} 18 mosImmediate Ex Auto Intoxaemia ^{How long} 7 or 8 mos

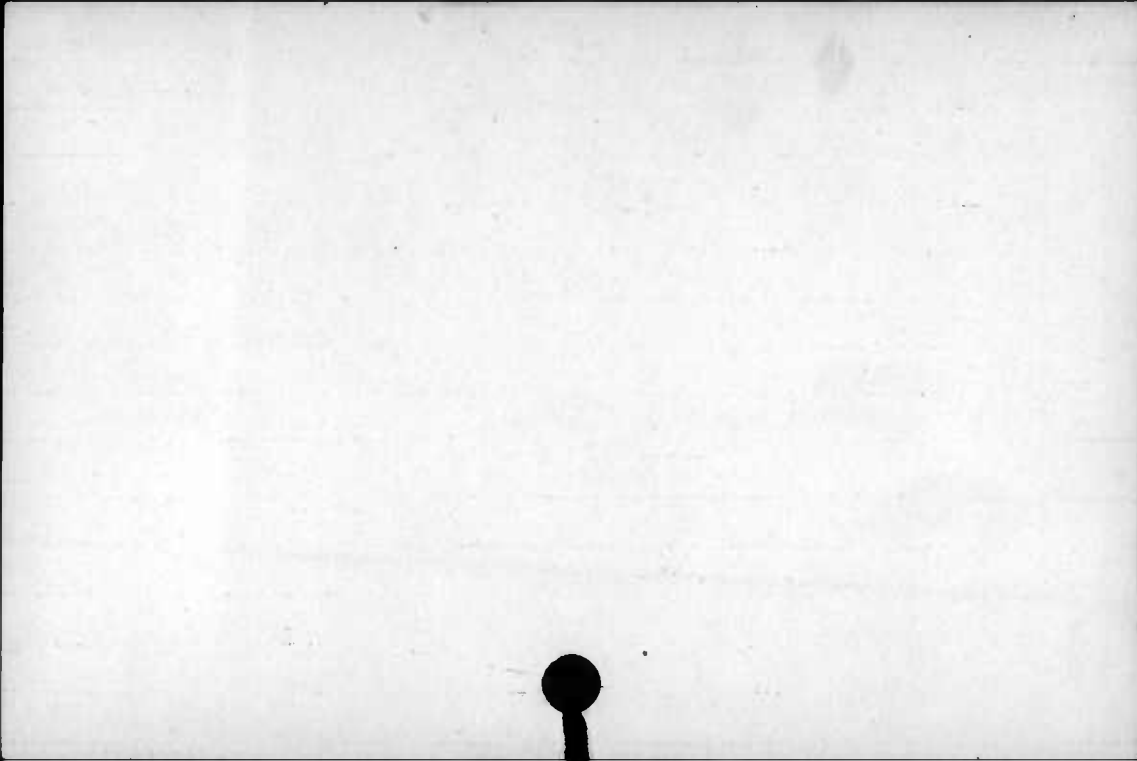
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. J. January

Address Mt Hope Retreat

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at 215 Dillm ^{Town} & Canton ^{County} Bolton

MARYLAND

Date of death	1908	Month	April	Day	7	Age	69	Months	—	Days	7
---------------	------	-------	-------	-----	---	-----	----	--------	---	------	---

Sex Male Color or Race white Birth-place Germany

Occupation <i>ice retailer</i>	Where Residing if not at place of death <i>215 W. 10th St.</i>
-----------------------------------	--

Married, Single
or Widowed

Name of Wife or
Husband

Susan Olsen Post

Father's Name John K Father's Birthplace Germany

Mother's
Maiden Name Anderson Mother's
Birthplace _____

Name of person giving information	Christie S. Feather	How related to deceased	son
-----------------------------------	---------------------	-------------------------	-----

CAUSES OF DEATH

92

Primary Arthur How long about year

Immediate Opulent Broccoli. How long alt 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician 

Address Canton + Dilling Lts.
Bolton Rd.

Accident or Suicide?

Mr. Carrie Lee

April 9, 1908

Randall Iowa.

Name
in
Full

Beneah Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Meers^{County} BellDate of death ^{Month} Apr. ^{Day} 17 ^{Year} 1908Age 14 ^{Months} — ^{Days} —Sex FemaleColor or Race CaucasianBirth-place MDOccupation House ServantWhere Residing if not at place of death Indian Hill, Md.Married, Single or Widowed ChesName of Wife or Husband —Father's Name UnknownFather's Birthplace UnknownMother's Maiden Name Mary G. NewnamMother's Birthplace UnknownName of person giving information Super. Indian HillHow related to deceased Uncle

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary Dec GrippHow long 2 weeks & 1 dayImmediate Brain TuberculosisHow long 1 weekAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. W. Winney MDAddress 1224 E. 7th St.Accident or Suicide? —

Melvale Colord Home
Melvale Curbly,
Apr. 20-88

A. S. Marshall
3539 Fall Road

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

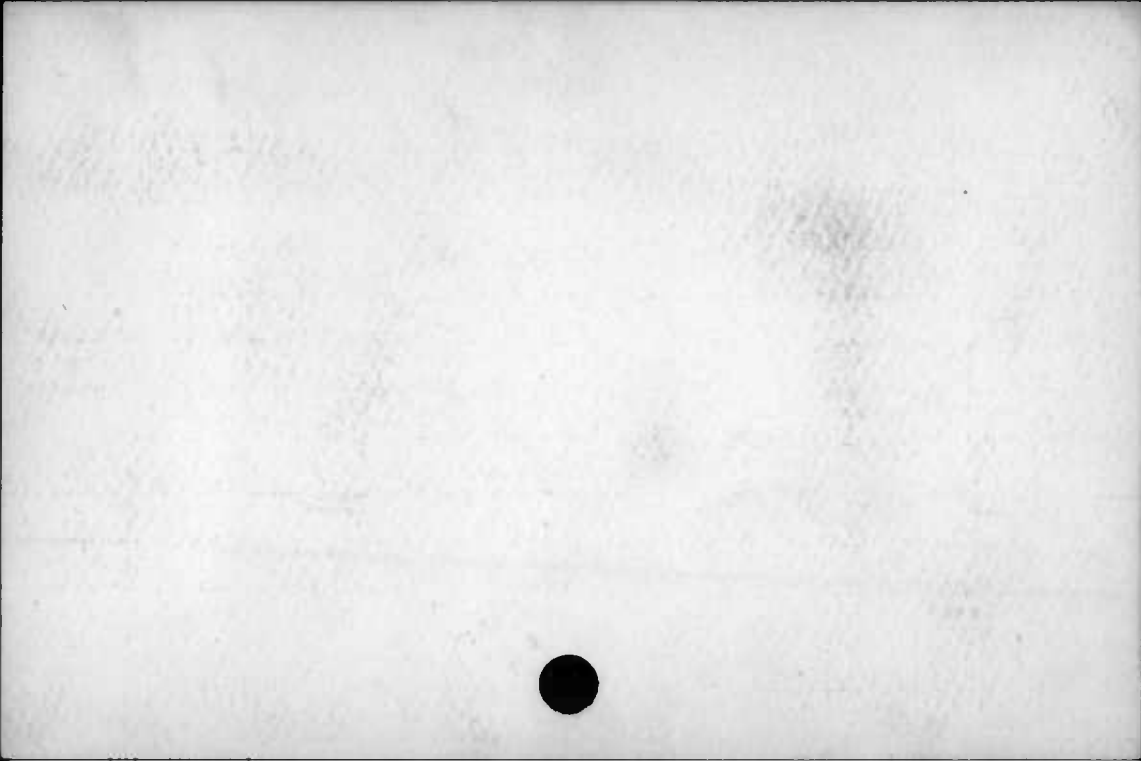
Died at <i>Jerusalem</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>23</i>	Age <i>153</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Ellen French</i>						
Father's Name <i>Thos French</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>Ir</i>						
Name of person giving information <i>Ellen French</i>	How related to deceased <i>wife</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>1 year</i>
Immediate <i>Ordinary of lung</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Meyer M.D.</i>
<i>Yes</i>	Address <i>Farmington P.O. North</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm. Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	<i>April</i>	Day	<i>35</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dunbar, Balt. Co. Md.</i>	
Occupation <i>Cook</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>— Gilbert</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Josiah S. Bowen</i>
	Address <i>Wm. Washington, Balt. Co. Md.</i>
Accident or Suicide?	

M. Fahy & Sons
Undertakers
Cathedral Bero.

Falls Road. near Lake Ave

lived with family
named Stai's -

Name
in
Full

Joseph Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

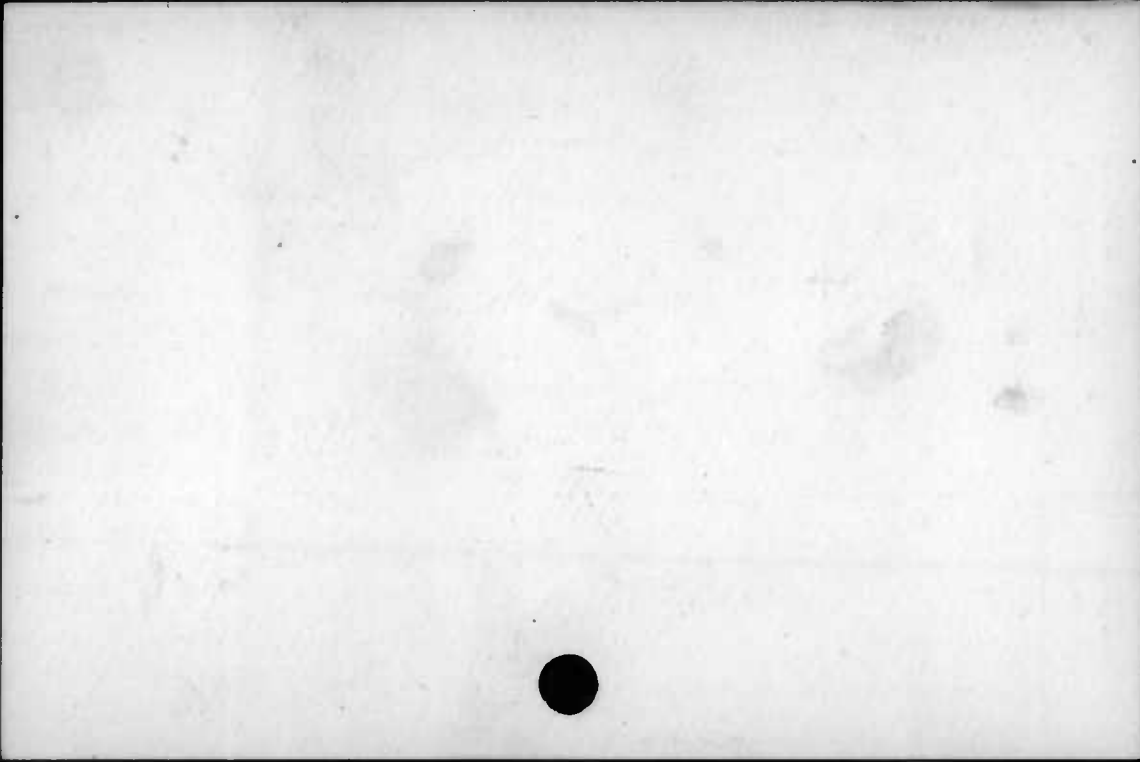
Died at <u>Chase</u> Town		<u>Baets</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>April</u>	Day <u>29</u>	Age <u>28</u>	Years <u>28</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Columbian</u>		Birth-place <u>Ind</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Ind</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Giles</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>May Giles</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Wm Giles</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Lactum spina</u>	How long	<u>7 years</u>
Immediate	<u>Epileptic Convulsions</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>[Signature]</u>	
		Address <u>Crosswells Ind</u>	
Accident or Suicide? <u>Accident</u>			



Name
In
Full

Thomas J. Gore

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

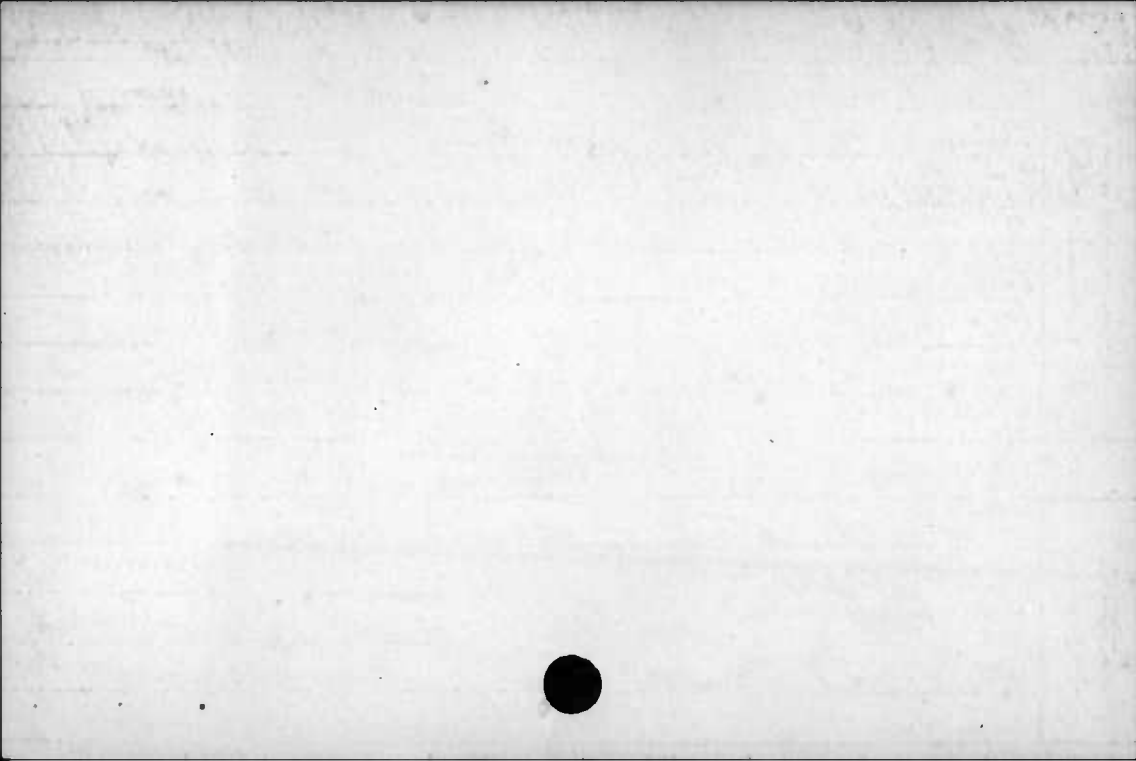
Died at <u>Riverton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>April</u>	Day <u>24</u>	Years <u>68</u>	Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Balto co Md</u>		
Occupation <u>Plaster</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>H Elizabeth Gore</u>				
Father's Name <u>Wm Gore</u>	Father's Birthplace <u>Balto co Md</u>				
Mother's Maiden Name <u>Isabelle Chvatt</u>	Mother's Birthplace <u>Balto co Md</u>				
Name of person giving information <u>H Elizabeth Gore</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <u>Nephritis Acute</u>	How long <u>1 wk</u>
Immediate <u>Coma</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. [unclear]</u>
	Address <u>Riverton Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Green

Died at *Bau Hill M. Wash.*

County *Baltimore*

MARYLAND

Date of death *1908 April 21*

Age *87 +*

Months

Days

Sex *Male*

Color or Race

Coloured

Birth-place

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Sarah Green

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

William W. Scott

How related to deceased

Son-in-Law

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Complication of disease one day

How long

How long

Immediate

yes

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of

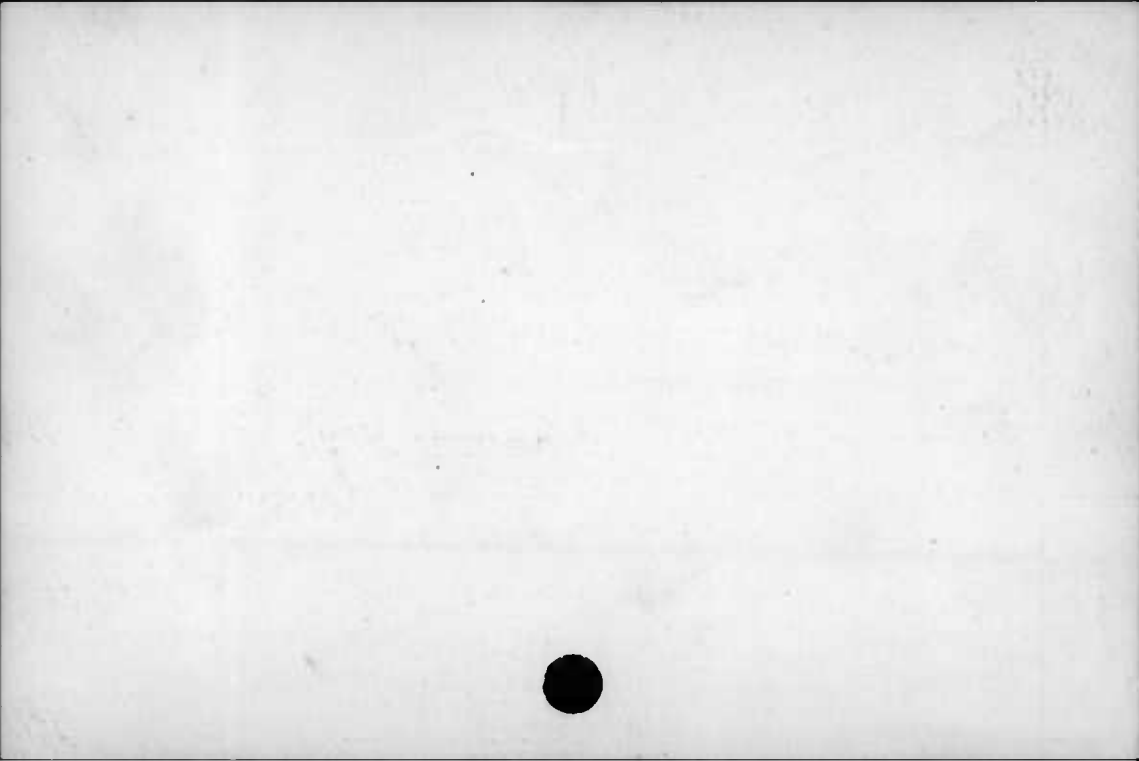
Address

Charles T. Brown

Brownsville

Accident or Suicide?

Ind



Name
in
FullJohn Haigis
Town

CERTIFICATE OF DEATH

Died at St Denis

Baltimore
County

MARYLAND

Date of death 1908 April

Day 26

Age 82

Months 0

Days 12

Sex Male

Color or Race White

Birth-place Germany

Occupation Tailor

Where Residing if not at place of death St Denis

Married, ~~Yes~~

Name of Wife or Husband

Margaret Haigis

Father's Name Unknown

Father's Birthplace Germany

Mother's Maiden Name Unknown

Mother's Birthplace Germany

Name of person giving information Mrs. Edw. Turner

How related to deceased His daughter

CAUSES OF DEATH

64

Primary Senile Arterio Sclerosis

How long Several years

Immediate Cerebral hemorrhage - Hemiplegia

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. R. Eareckson


Address

Eek Ridge Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

White Meters Elk
Chas. Carr.

Name in Full		Baly Hann				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Catonsville		County Balto.		MARYLAND			
	Date of death	1908	Month April	Day 25	Age 7 mos	in	Months Utero	Days	
	Sex	male		Color or Race	white		Birth-place	Catonsville	
	Occupation	_____			Where Residing if not at place of death	Catonsville Md			
	Married, Single or Widowed	Single		Name of Wife or Husband	_____				
	Father's Name	Chas Herbert Hann					Father's Birthplace	Baltimore	
	Mother's Maiden Name	William Kavanaugh					Mother's Birthplace	Howard Co	
Name of person giving information	Chas Herbert Hann					How related to deceased	Father,		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">5</div> </div>									
PHYSICIAN OR CORONER	Primary	Miscarriage 7 mos in Utero							
	Immediate	Had been dead about 2 weeks							
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Marshall B West				
	Address	Catonsville							
<div style="display: flex; justify-content: space-between;"> <div>  </div> <div> Accident or Suicide? <input type="checkbox"/> </div> </div>									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

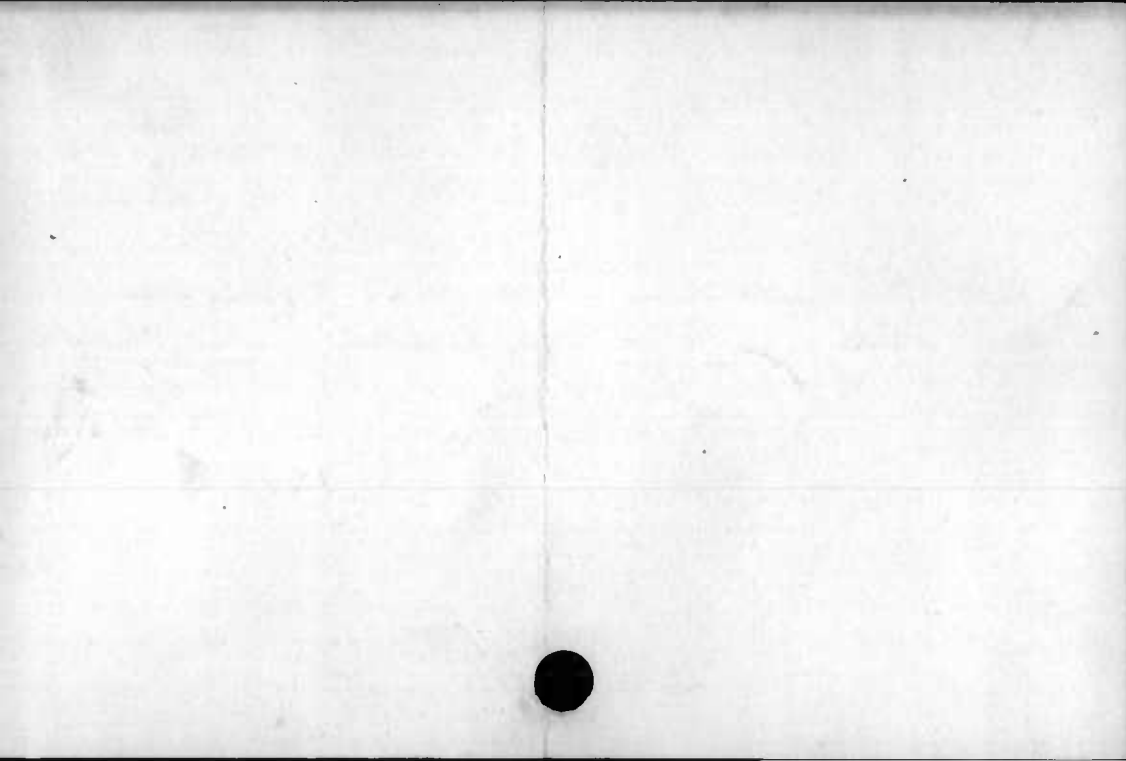
Died at <i>Beckleyville</i>		Town <i>Beckleyville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>19</i>	Age <i>75</i>	Years <i>5</i>	Months <i>5</i>	Days <i>5</i>	
Sex <i>Female</i>	Color or Race <i>white German</i>		Birth-place <i>D. L. D.</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Beckleyville</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John H. Stark</i>						
Father's Name <i>Michel sauble</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Catherine Stark</i>	Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Husband</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Disease valve of Heart</i>	How long <i>Two years</i>
Immediate <i>And Ray</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William H. D.</i>
	Address <i>Munchester</i>
Accident or Suicide? <i>yes</i>	



Name In Full		Charles Kuhn Harrison				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Roland Park		Baltimore		MARYLAND	
	Date of death	1908	Month	April	Day	20 th	Age	
					Years	61	Months	
						one	Days	
						22		
	Sex	masculine		Color or Race	white		Birth-place	Louisiana
Occupation	Merchant		Where Residing if not at place of death					
Married, Single or Widowed	married		Name of Wife or Husband					
				Louisa T. Harrison				
Father's Name	Samuel Thompson Harrison				Father's Birthplace	Baltimore		
Mother's Maiden Name	Emily Kuhn				Mother's Birthplace	Philadelphia		
Name of person giving information	Hartman K. Harrison				How related to deceased	Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Aneurismal dilation of aorta				How long	4 years	
	Immediate	Angina pectoris				How long	18 mos	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					921 N Charles St Baltimore			
Accident or Suicide?								

H. W. Jenkins and Sons Co
St Thomas Lem
Garrison Port

Med' April. 22nd/08

Name
in
Full

Margaret Hayden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

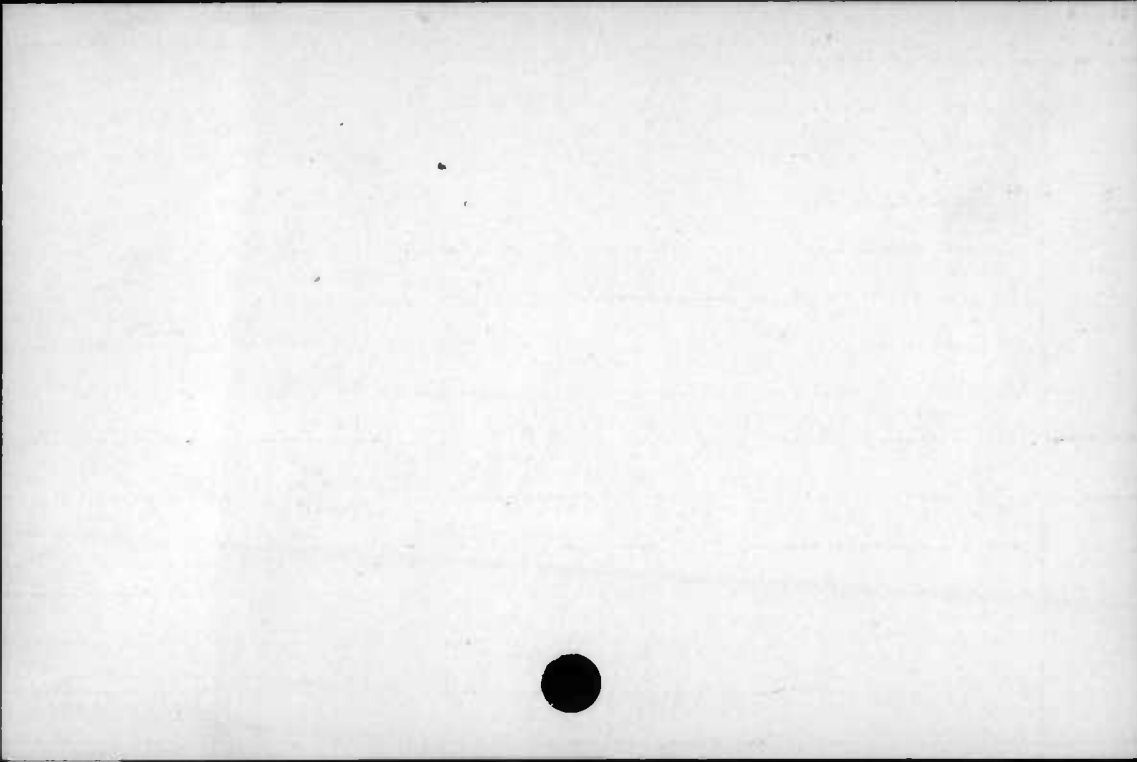
Died at <i>Wt Hope Rebnah</i>		Town <i>Balto</i>		County	
Date of death	1908	Month	Apr	Day	9th
Age	50	Years		Months	Not Known
Sex	Female	Color or Race	White	Birth-place	Unknown
Occupation	None		Where Residing if not at place of death <i>Balto Md.</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Not Known			Father's Birthplace	
Mother's Maiden Name	Not Known			Mother's Birthplace	
Name of person giving information	<i>Reeds Wt Hope</i>			How related to deceased	
			Not at all		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Melancholia Post Paralysis</i>	How long	<i>over 1 year -</i>
Immediate	<i>Cerebral Congestion</i>	How long	<i>3 or 4 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frank J. Flannery M.D.</i>
		Address	<i>Wt Hope Rebnah</i>
			<i>Wt Hope Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Norronville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>1</i>		Age <i>39?</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Balt County</i>			
Occupation <i>Wool weaver</i>		Where Residing if not at place of death <i>Norronville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine Huddler</i>					
Father's Name <i>Samuel A. Huddler</i>		Father's Birthplace <i>York Pa.</i>					
Mother's Maiden Name <i>Margaret Symon</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Catharine Huddler</i>		How related to deceased <i>his wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long not exactly known but at least 2 years
Immediate <i>Cancer of the stomach</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mrs. J. Bupp</i>
	Address <i>Roslyn Baltimore</i>
Accident or Suicide? <i>No</i>	

Crowley Bros
Undertakers
25 N. Fulton Ave
Baltimore

Place of Burial
Harrisonville Md

Name in Full		CERTIFICATE OF DEATH			
John D. Helwig		Town		County	
Died at Washington Road		Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months
1908 April 8		8	8	5-4	c
Age		5-4		Days	
c		c		c	
Sex male		Color or Race white		Birth-place Chicago	
Occupation Laborer		Where Residing if not at place of death Washington Road			
Married, Single or Widowed Widower		Name of Wife or Husband Rachel Helwig			
Father's Name Leonard Helwig		Father's Birthplace Germany			
Mother's Maiden Name Lurisa Blum		Mother's Birthplace Germany			
Name of person giving information Charles Helwig		How related to deceased Son			
CAUSES OF DEATH					
Primary Mitral Insufficiency		How long Probably 6 months			
Immediate Heart Failure		How long a few hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Alex P. Harrison M.D.			
Address St. Agnes Hospital		Baltimore Md.			
Accident or Suicide?					

Jas. Jordan & Son
Randa's
Clues

Name
in
Full

Luther H. Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Franklinville</u>		County <u>Balto</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Apr</u>	Day <u>29</u>	Age <u>✓</u>	Months <u>3</u>	Days <u>✓</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Balto</u>	
Occupation <u>✓</u>			Where Residing if not at place of death <u>same</u>		
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Luther H. Henderson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Fannie Whelaker</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>L. G. Henderson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Insanition</u>	How long <u>1 month</u>
Immediate <u>" "</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Gorsuch</u>
<u>J</u>	Address <u>Fork Ind</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1211 Washington (Pondies Rd)</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>fifth</i>	Age <i>39</i>	Months <i>3</i>	Days <i>11</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth place <i>Baltimore Co Md</i>			
Occupation <i>domestic</i>				Where Residing if not at place of death <i>Pondies Rd, near Mt -</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Thomas T. Book</i>		Father's Birthplace <i>Baltimore Co Md</i>		Mother's Birthplace <i>Baltimore Co Md</i>			
Mother's Maiden Name <i>Eva Jane Boxson</i>		How related to deceased <i>father</i>					
Name of person giving information <i>Thomas T. Book</i>							

CAUSES OF DEATH

137

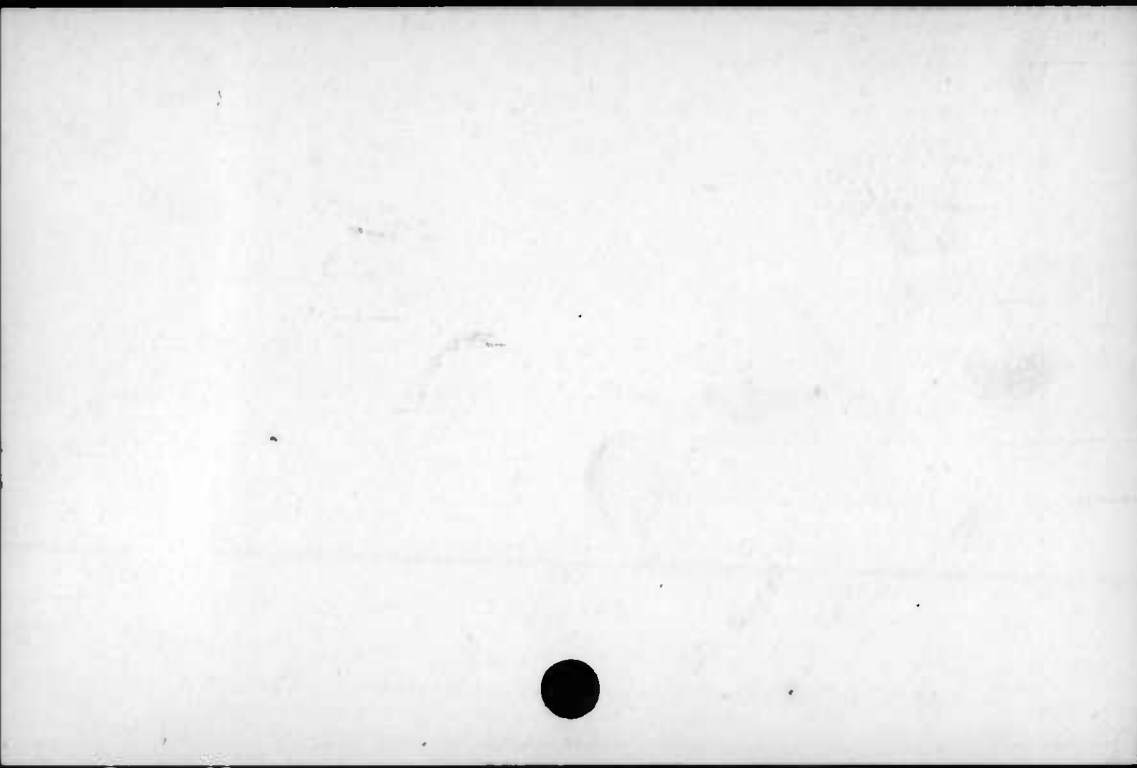
PHYSICIAN
OR CORONER

Primary	<i>Miscarriage at about two months</i>		How long	<i>March 10, 1908</i>
Immediate	<i>Septicemia</i>		How long	<i>Twenty-six days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>William J. Todd</i>	
			Address <i>1211 Washington</i>	
Accident or Suicide?				

John Burrows Sons
Touson

Hook's Cemetery
Baltimore Co

Name in Full		Margaretta Howard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Manor		Baltimore				
	Date of death		1908	Month	4	Day	1
	Age		32		Years		Months
	Sex		Female		Color or Race		White
	Birth-place		Baltimore				
	Occupation		Housewife				
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Chas. M. Howard	
Father's Name		Geo. Brainerd		Father's Birthplace		Baltimore	
Mother's Maiden Name		Anna Price		Mother's Birthplace		"	
Name of person giving information		Mrs. Myra Price		How related to deceased		None	
				CAUSES OF DEATH		(137)	
PHYSICIAN OR CORONER	Primary		Child Birth		How long		6 hours
	Immediate		Peritonitis		How long		14 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Ross Payne
					Address		Corbett
	Accident or Suicide?		No				W. H.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

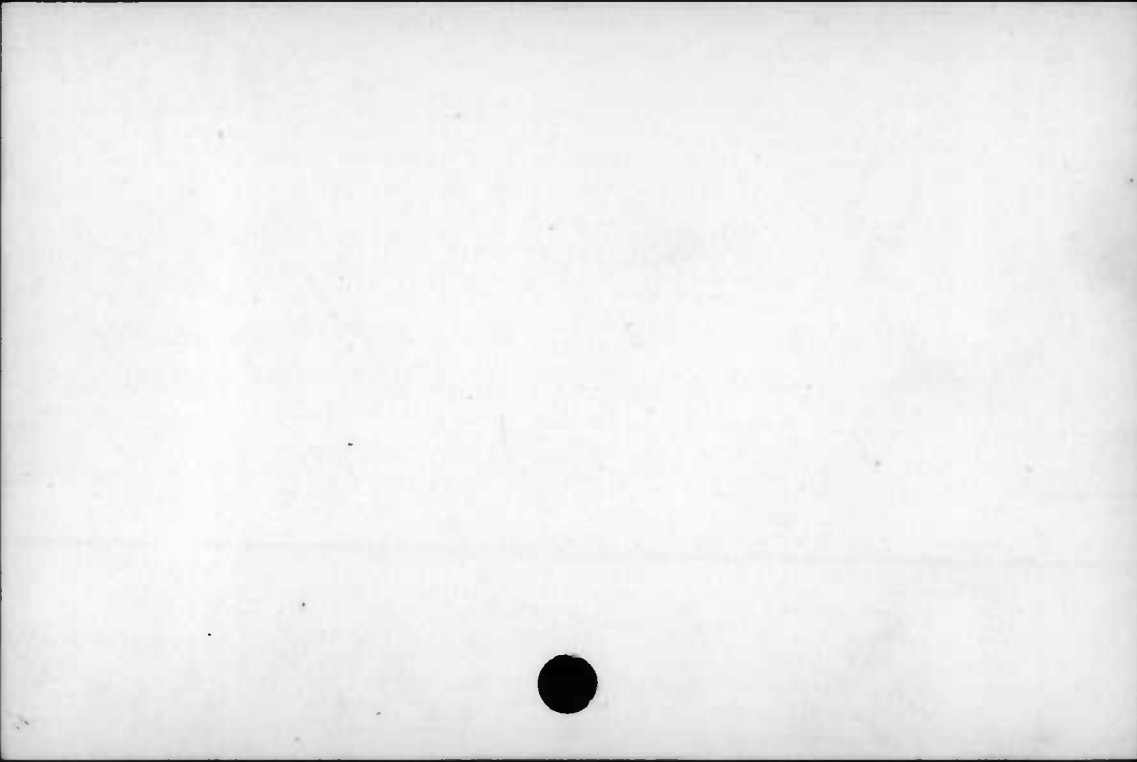
Died at		Town		County	
leatonsville		Bullo.			
Date of death	1908	Month	April	Day	15
Age		67		Years	
Sex		Male		Color or Race	White
Occupation		Bookkeeper		Birth-place	Ind.
Where Residing if not at place of death		X			
Married, Single or Widowed		Single		Name of Wife or Husband	X
Father's Name		unk		Father's Birthplace	unk.
Mother's Maiden Name		unk		Mother's Birthplace	unk
Name of person giving information		-		How related to deceased	-

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Terminal Dementia	How long	10 yrs.
Immediate	Chronic Bright's Disease	How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Percy Wade	
Address		leatonsville. Ind	
Accident or Suicide?		No.	



Name
in
Full

Eliza E James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lock Raven</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1908	Month <i>June</i>	Day <i>10th</i>	Years Age <i>Three</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Towson</i>	
Married, Single or Widowed			Occupation <i>In occupation</i>		
Name of Wife or Husband					
Father's Name <i>Robert James</i>			Father's Birthplace <i>Baltimore City</i>		
Mother's Maiden Name <i>Eliza Smith</i>			Mother's Birthplace <i>Towson</i>		
Name of person giving In formation <i>Robert James</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Meningitis + Pneumonia</i>	How long <i>Two days</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. G. Barnett</i>
	Address <i>Towson</i>
Accident or Suicide?	

Robert James the father
is given permission to bury
this infant in
Zion Cemetery. Unionville
11th Dist - on Sunday
April 12 - 1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

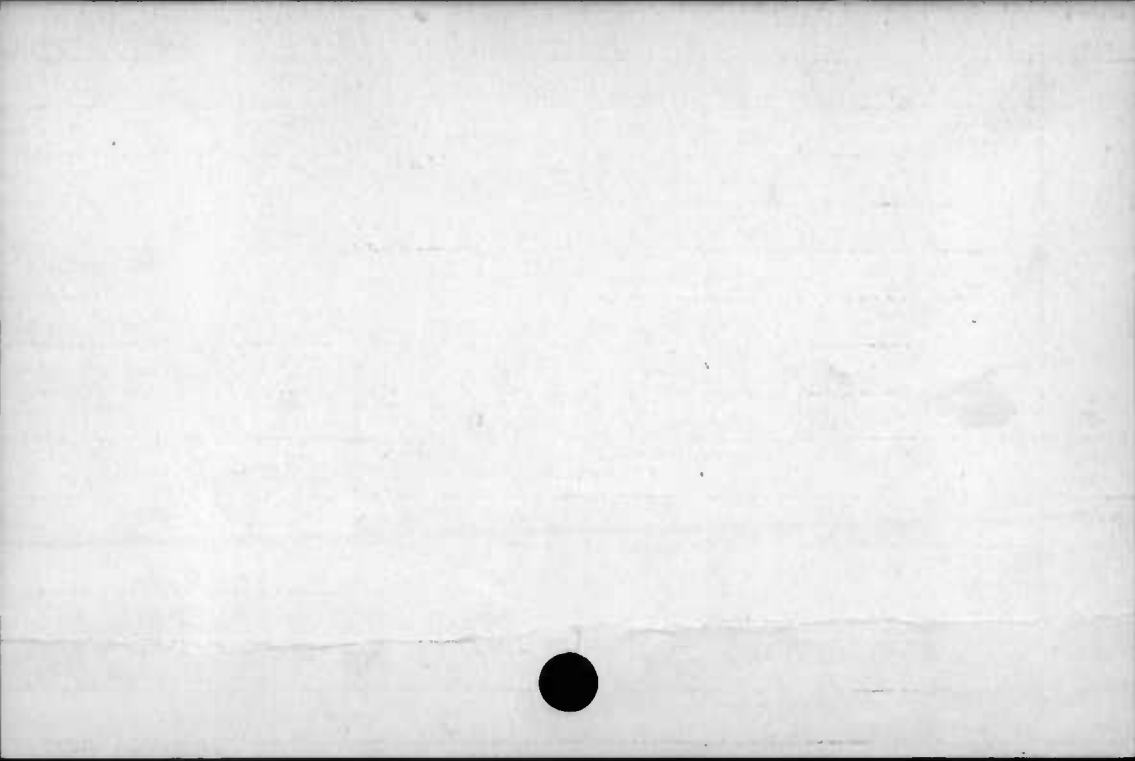
Died at		Town <i>Balto.</i>		County	
Date of death		Month	Day	Years	Months
<i>1908</i>		<i>April</i>	<i>17</i>	<i>32</i>	<i>5</i>
Age		Sex <i>male</i>		Color or Race	Birth-place
<i>32</i>		<i>White</i>		<i>Bohemia</i>	
Occupation		Where Residing if not at place of death			
<i>machinist</i>		<i>Rossville</i>			
Married, Single or Widowed		Name of Wife or Husband			
<i>Married</i>		<i>Rosa Jasinski</i>			
Father's Name		Father's Birthplace			
<i>Michael Jasinski</i>		<i>Poland</i>			
Mother's Maiden Name		Mother's Birthplace			
<i>Ketler Knotkova</i>		<i>Bohemia</i>			
Name of person giving information		How related to deceased			
<i>Anthony Stolka</i>		<i>Brother-in-law</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Jacob L. Winnier</i>	
		Address	
		<i>1735 Bank st</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wm Johnson*
Ballo, Ct. Alushouse Town CountyDate of death *1908* *4* Month *5* Day Age *about 65 yrs.* Years Months DaysSex *Male* Color or Race *Colored* Birth place *Unknown*Occupation *Unknown* Where Residing if not at place of deathMarried, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*

Name of person giving information

Dr. J. B. Bussell

How related to deceased

(27)

CAUSES OF DEATH

Sick when he

Primary

Pulmonary Tuberculosis

How long

came here which was on

How long

Jan 16, 08

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

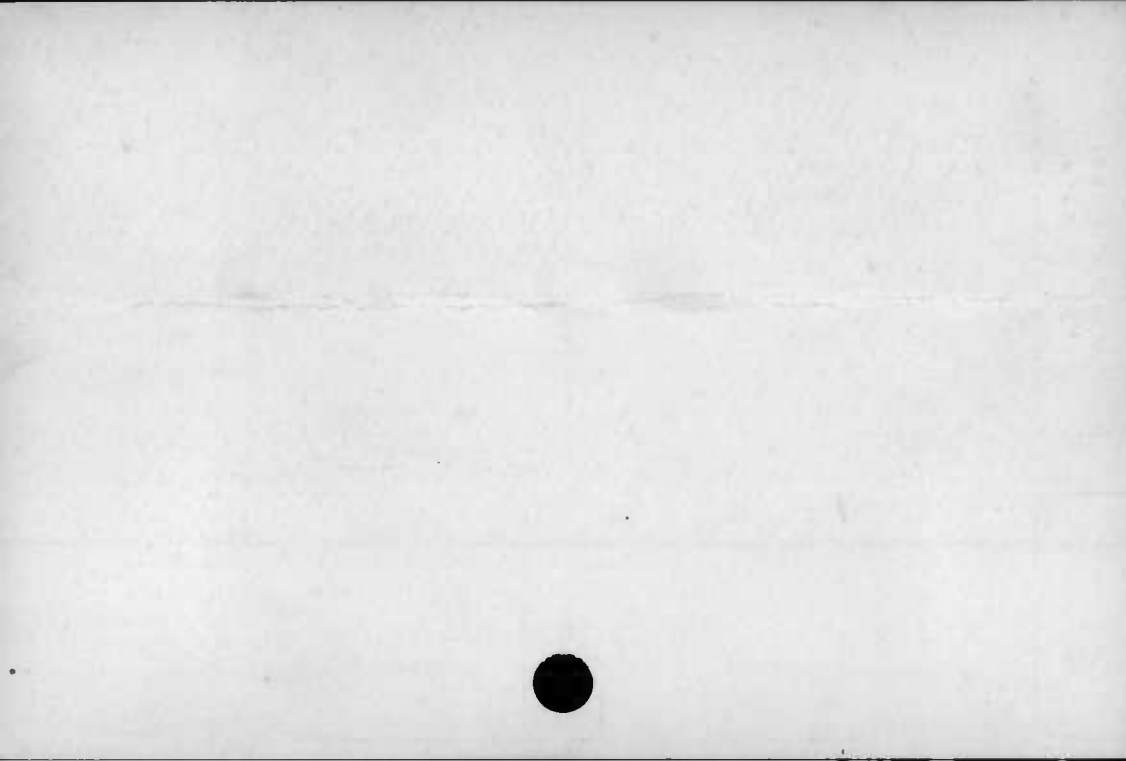
Dr. J. B. Bussell

Address

Texas Md.

Accident or Suicide?

No



Name
in
Full

William B. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay View</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>April</i> ^{Month}	<i>26</i> ^{Day}	Age <i>40</i> ^{Years}	<i>Unknown</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Nashville Tenn</i>			
Occupation <i>Iron Worker</i>	Where Residing if not at place of death <i>1906 W. Pratt st</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>H. S. Frisbie</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Run over by Rail road</i>	How long <i>—</i>
Immediate <i>train</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
	Address <i>3422 E Baltimore st</i>
Accident or Suicide? <i>Accident</i>	<i>Baltimore County - Md</i>

M. S. Fink —

2113 W. Pratt. —

—

Remove

1906 W. Pratt. St.

Name
in
Full

Louis Trable

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rosedale^{County} Balto

Date of death 1908 April

Day 28

Age

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Trable

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Shorty

Mother's
Birthplace

Md

Name of person giving
In formation

John Trable

How related
to deceased

Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

6 hours

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. V. Moore

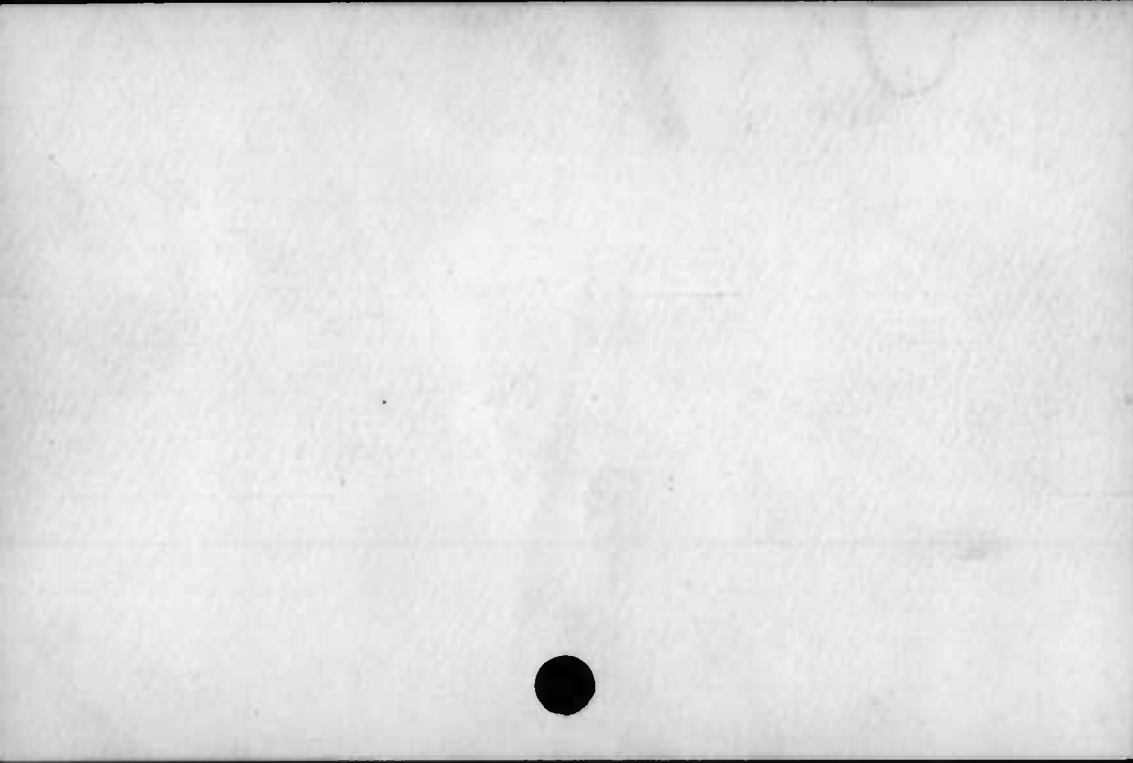
Address

Rosedale

Md

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patonsville</i> ^{Town}		<i>Patto.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>10</i>	Age <i>29</i> Years	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Russia</i>		
Occupation <i>Cigar maker</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Simon Katz</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Wk</i>	Mother's Birthplace <i>Wk</i>				
Name of person giving information <i>✓</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>4 yrs.</i>
Immediate <i>Acute Bulbar Paralysis</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mrs. Wk</i>
<i>No.</i>	Address <i>Patonsville, Md</i>
Accident or Suicide? <i>No.</i>	

Max Loewson.

Hebrew Cemetery

Philadelphia Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John B Kelley

Town

Died at

Cella

Balto

County

Date

1908

Month

April

Day

5-

Age

Years

No

Months

7

Days

15-

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Cella

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

W A Kelley

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah E Barker

Mother's
Birthplace

Virginia

Name of person giving
In formation

W A Kelley

How related
to deceased

Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Broncho pneumonia

How long

3 wks

Immediate

Exhaustion

How long

18 hrs

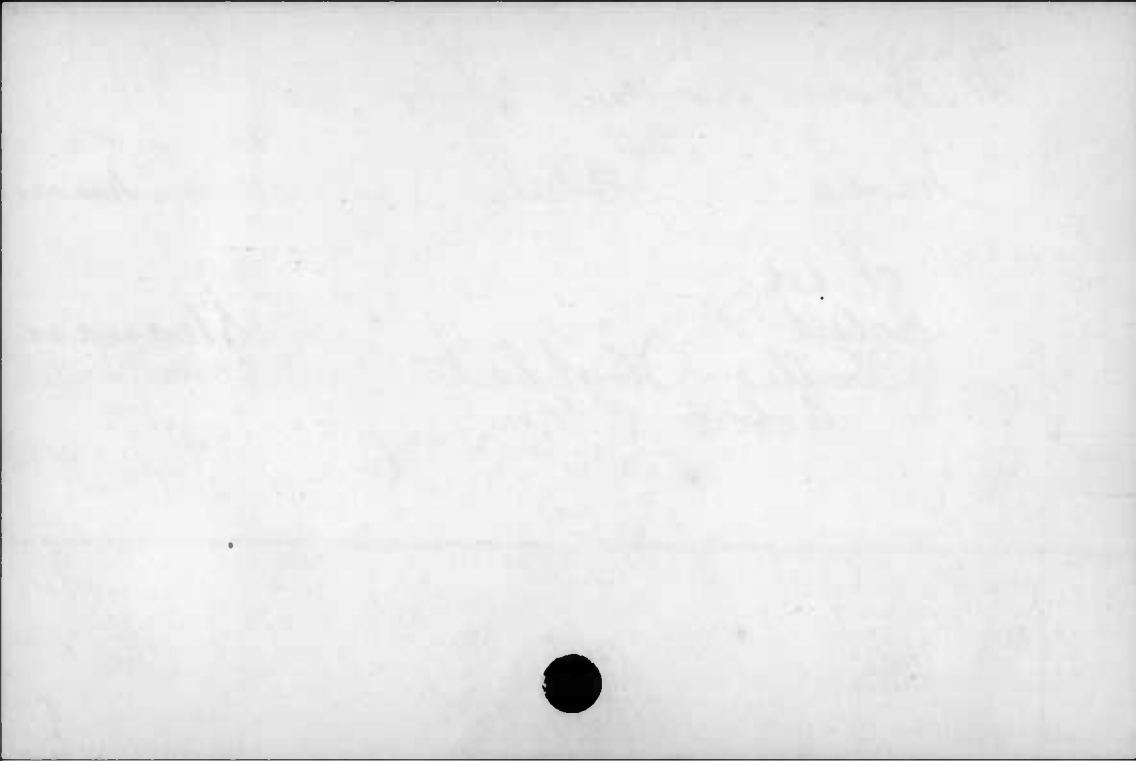
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. C. Shaw

Address

Elliott City.

Accident or Suicide?



Name
in
Full

Catherine Levine

CERTIFICATE OF DEATH

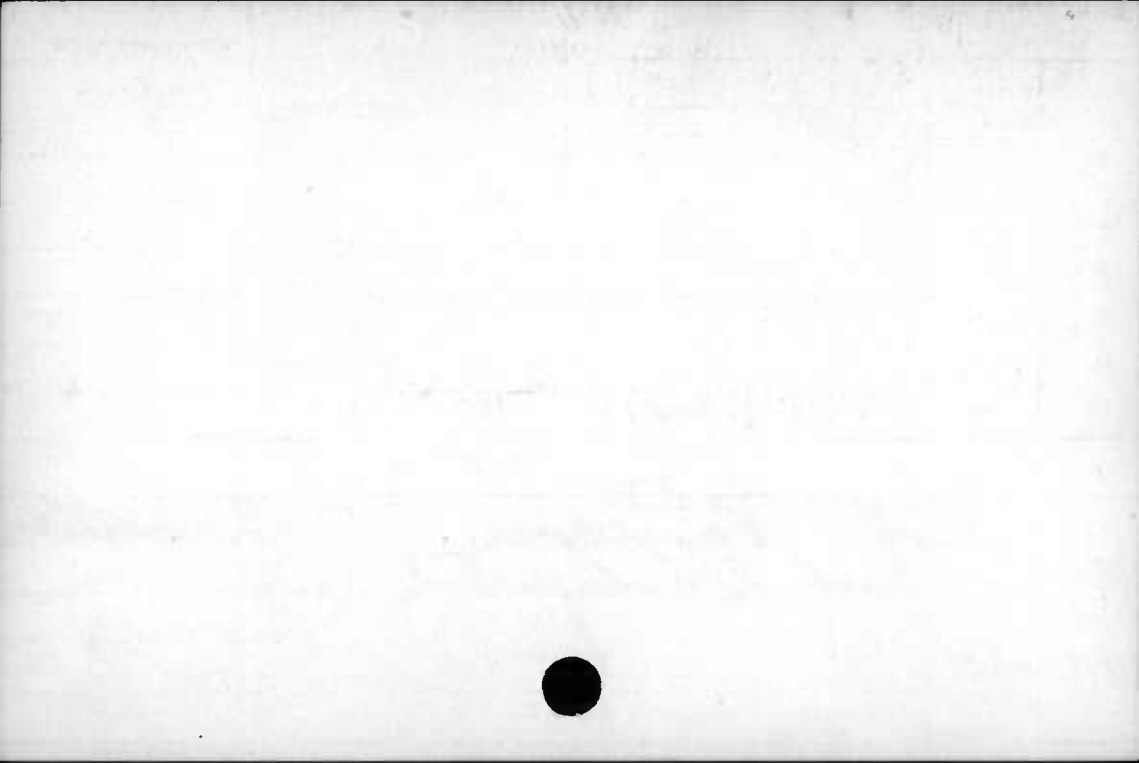
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>2</i>	Age <i>79</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Old Hospital for insane</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Christian Levin</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Hospital Records</i>			How related to deceased <i>18</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Facial Erysipelas</i>	How long
Immediate <i>Septicaemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Edw. Garrett MD</i>
<i>9</i>	Address <i>Catonsville, Md -</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Daniel H. Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beaver Dam		County Beaumont		MARYLAND	
Date of death		190	Month 4	Day 12	Age 3	Months 1	Days 12
Sex Male		Color or Race White		Birth-place Beaver Dam			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed child		Name of Wife or Husband					
Father's Name Robert E. Long		Father's Birthplace Shawhan					
Mother's Maiden Name Battie Holbert		Mother's Birthplace Covens Mills					
Name of person giving information Robert E. Long		How related to deceased Father					

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	accidental Burns	How long	4 hr
Immediate	Colloidal failure of heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Burns	
Address Covens Mills		M. D.	
Accident or Suicide?			

Interments at Grace
Cemetery chestnut
Bridge April 14th

W. C. Brooks

Name in Full		Emma Virginia Lowman				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Arbutus	County Baltimore	MARYLAND				
		Date of death		1908	Month April	Day 20	Age 54	Months —	Days —	
		Sex		Female		Color or Race		White	Birth-place	Maryland
		Occupation		Housewife		Where Residing if not at place of death		Arbutus Md		
		Married, Single or Widowed		Married		Name of Wife Husband		Nicholas Lowman		
		Father's Name		James Tharle		Father's Birthplace		Maryland		
		Mother's Maiden Name		Mary E Anderson		Mother's Birthplace		Maryland		
Name of person giving information		Nicholas Lowman		How related to deceased		Husband				
		CAUSES OF DEATH				(10)				
PHYSICIAN OR CORONER		Primary		Influenza		How long		six weeks		
		Immediate		Cerebral meningitis		How long		one week		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Arthur Withins		
				Address		Elk Ridge Md				
		Accident or Suicide?		no						

Oleontou
Aa County
Md

Wm Crook
(Master))
372 E North av
Jacks Md.

Name
in
Full

John P. Lutman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

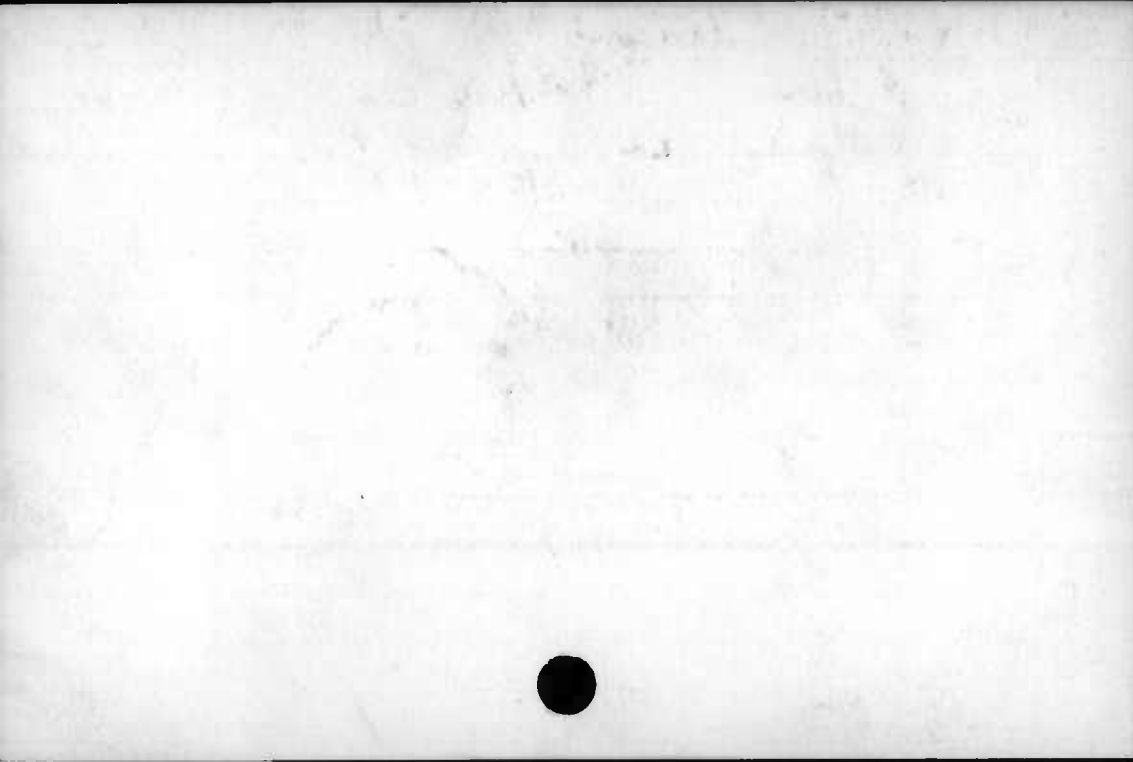
Died at Parkton <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death 1908 <small>Month</small> April <small>Day</small> 23 <small>Age</small> 17 <small>Years</small> 2 <small>Months</small> 6 <small>Days</small>					
Sex Male	Color or Race white	Birth-place N.A.			
Occupation man in Mill		Where Residing if not at place of death Hoodlery			
Married, Single or Widowed single	Name of Wife or Husband _____				
Father's Name George St. Lutman	Father's Birthplace N.A.				
Mother's Maiden Name Annie Bowers	Mother's Birthplace " "				
Name of person giving information George St. Lutman	How related to deceased Father				

Accidental drowning

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning	opinion of Coroner Sparks	How long 172
Immediate yes		How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Coroner Alfred W. Sparks	
so far as I know	Address Parkton Md	
Accident or suicide ? Accidental (?)		



Name
in
Full

Mary MacGuire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i>		Town <i>Balt.</i>		County	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>17</i>	Age <i>54</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Home</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Patrick Mc Guire</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Frank Mac Guire</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis - Paralysis</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Beeton M.D.</i>
	Address <i>Wt Washington</i>
Accident or Suicide?	

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

St. Patrick Cemetery

Name
in
Full

Michael Philip Magee.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>2nd</i>	Age <i>55</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Machinist</i>			Where Residing if not at place of death <i>105 S Fulton St.</i>				
Married, <i>Single</i>		Name of Wife or <i>Mrs Ellen Magee</i>					
Father's Name <i>James Magee</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret Connolly</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mrs Ellen Magee</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

How long

8 yrs (?)

How long

*5 days*PHYSICIAN
OR CORONERPrimary *Stone in Gall Bladder*Immediate *Cholemia*

Are the name, age, sex, color, date and place correctly given above?

yes

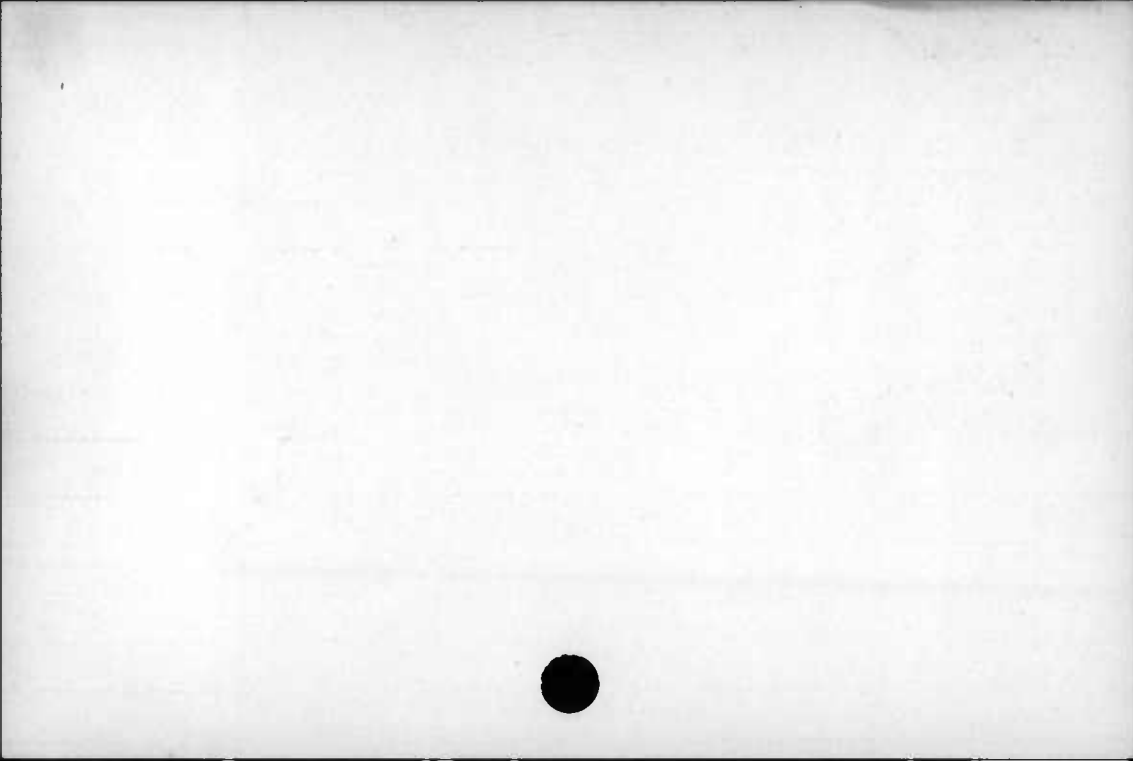
Signature of Physician

Paul Preble

Address

*St Agnes' Hospital
Baltimore Md.*

Accident or Suicide?



Name
in
Full

Harry Mallon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Balt</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>11</i>	Age _____	Years _____	Months _____ Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. County</i>		
Occupation <i>none</i>			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Leard Mallon</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie Earhardt</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Carl Mallon</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <i>(Twice)</i>	<i>Quarantine Prostration birth about 6 1/2 mos</i>	How long <i>Life</i>
Immediate <i>Exhaustion</i>		How long <i>Life</i>
Are the name, age, sex, color, date and place correctly given above? <i>yrs</i>	Signature of Physician <i>D.W. Jones M.D.</i>	
	Address <i>316 O'Donnell St.</i>	
Accident or Suicide? <i>(Signature)</i>		

1st Erazzuli Lem
April 12. 1958
Landonson

Name
in
Full

Mollie Mallon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>11</i>	Age <i>—</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Canton</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Carl Mallon</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie Eschardt</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Carl Mallon</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Exhaustion (swim) Pneumonia birth 6 1/2 mos</i>	How long <i>Life</i>
Immediate <i>Exhaustion</i>	How long <i>Life</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D.W. Jones M.D.</i>
	Address <i>3116 Osbornell St.</i>
<i>Accident or Suicide?</i>	

101. Evangelii Sam.

Apr 12. 1908

Landu Son

Name
in
Full

alfred Mash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Brooklandville^{County} Balto.Date
of death 1908

Month 4

Day 26

Age

Years 57

Months —

Days 16

Sex

Male

Color or
Race

white

Birth-
place

England

Occupation

Farmer

Where Residing if not
at place of deathH. C. Brown Farm
Brooklandville Balto. Co. Md.Married, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

Annie Mash

Father's
Name

John Mash

Father's
Birthplace

England

Mother's
Maiden Name

Anna Horsford

Mother's
Birthplace

England

Name of person giving
Information

Annie Mash

How related
to deceased

wife

CAUSES OF DEATH

79

Primary

Valvular Heart Disease

How long

3 yrs

Immediate

Heart Failure

How long

Ten minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Nathan R Smith

Address

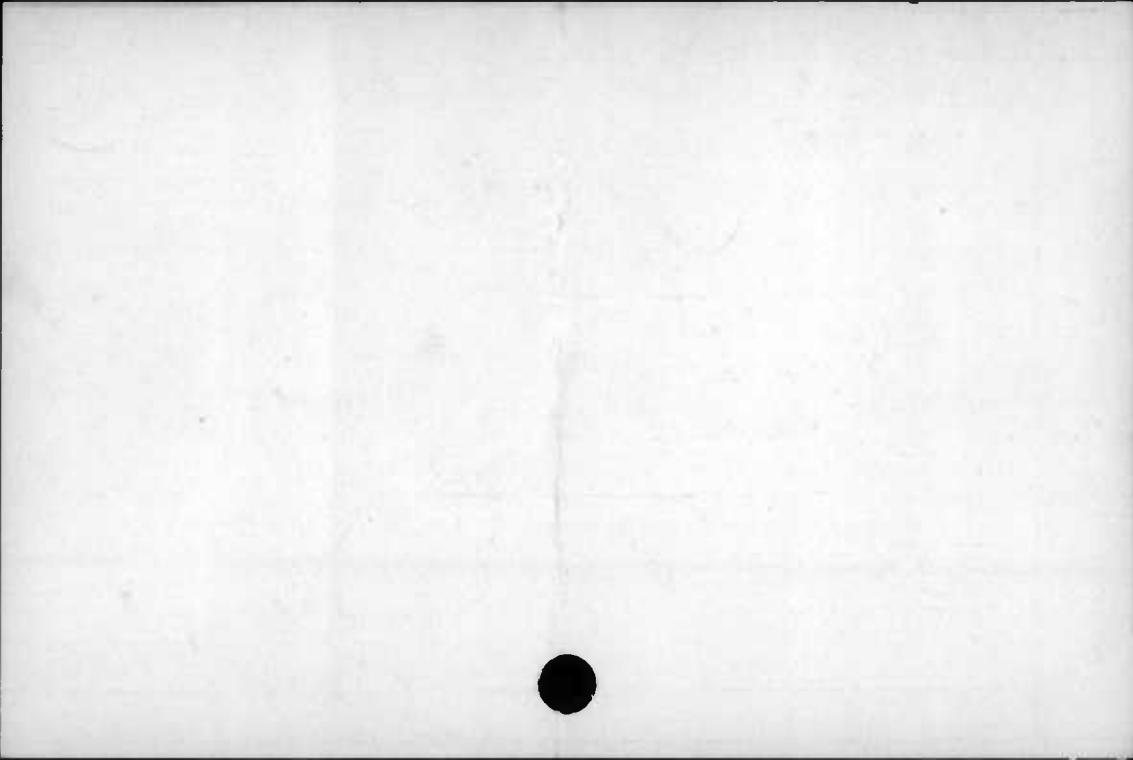
Brooklandville

Accident or Suicide?

John Burns Sons
Tousont

Sater's Canneling
Balt Co
and

Name in Full		Eli Mayberry				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Years	
	1908		Apr.		16		Age 90	
	Sex		Color or Race		Birth-place		Months	
	Male		Wp		Unknown		Days	
	Occupation		Where Residing if not at place of death		Birth-place		Unknown	
	Labourer		Yarrow Point.		Unknown		Unknown	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace		
Single				Unknown		Unknown		
Mother's Maiden Name		Name of person giving information		How related to deceased		Mother's Birthplace		
Unknown		J. B. Blair		None		Unknown		
		CAUSES OF DEATH		154				
PHYSICIAN OR CORONER	Primary		How long		How long			
	Immediate		Sensibility & Expiration		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
			J. B. Blair (Coroner)		Yarrow Point, Md.			
	Accident or Suicide?		Neither					



Name in Full		CERTIFICATE OF DEATH			
Leow & Mayers		Died at <i>Philopolis</i> ^{Town}		County <i>Baltimore</i>	
		MARYLAND			
Date of death <i>1908</i>		Month <i>April</i>	Day <i>30</i>	Age <i>8</i>	Months <i>11</i> Days <i>24</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Philopolis Md.</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Albert & Mayers</i>			Father's Birthplace <i>Philopolis Md</i>		
Mother's Maiden Name <i>Lucy H. Powell</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Albert & Mayers</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					
Primary <i>Tubes Mesenterica</i>			How long <i>4 mos</i>		
Immediate <i>Inanition</i>			How long _____		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. H. Drach</i>		
			Address <i>Box Keysville RFD Md</i>		
Accident or Suicide?					

Funeral of Stevenson
Chaple. May 2nd

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Higginston</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>april</i>	Day <i>29</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Switzerland</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>250 East. Ave</i>				
Married, Single or Widowed		Name of Wife or Husband <i>Augusta Mehr</i>					
Father's Name <i>Peter Mehr</i>			Father's Birthplace <i>Switzerland</i>				
Mother's Maiden Name <i>Anna Kriechen</i>			Mother's Birthplace <i>Switzerland</i>				
Name of person giving information <i>Augusta Mehr</i>			How related to deceased <i>1</i>				

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Congestion</i>	How long	<i>one week</i>
Immediate	<i>Pulmonary Congestion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edw. M. Snigroed</i>	
		Address <i>1-N. Washington St.</i>	
Accident or Suicide? <i>no</i>		<i>Baltimore Md.</i>	

O. O. Turner.

Cedar Hill Cemetery.

May 1st.

Name
in
Full

Hellen Teresa Meise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fullerton		^{County} Baltimore		MARYLAND	
Date of death	1908	Month	April	Day	6
Age		Years		Months	10
Sex		F		Color or Race	W.
Occupation		_____		Birth-place	Fullerton Md.
Where Residing if not at place of death		Fullerton			
Married, Single or Widowed		_____			
Name of Wife or Husband		_____			
Father's Name		John Meise		Father's Birthplace	Balt. City
Mother's Maiden Name		Margaret Glatzel		Mother's Birthplace	Raspeburg Md.
Name of person giving information		Mrs. Meise		How related to deceased	Mother.

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis	How long	3 weeks
Immediate	Exhaustion	How long	Several days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. L. Wilkins	
Address		Raspeburg, Md.	
Accident or Suicide?		Neither	

Entertainment
St Peters Court
Belonko

Geo. W. Gramme
undertaken

461.

Name
in
Full

Harmon Metzger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

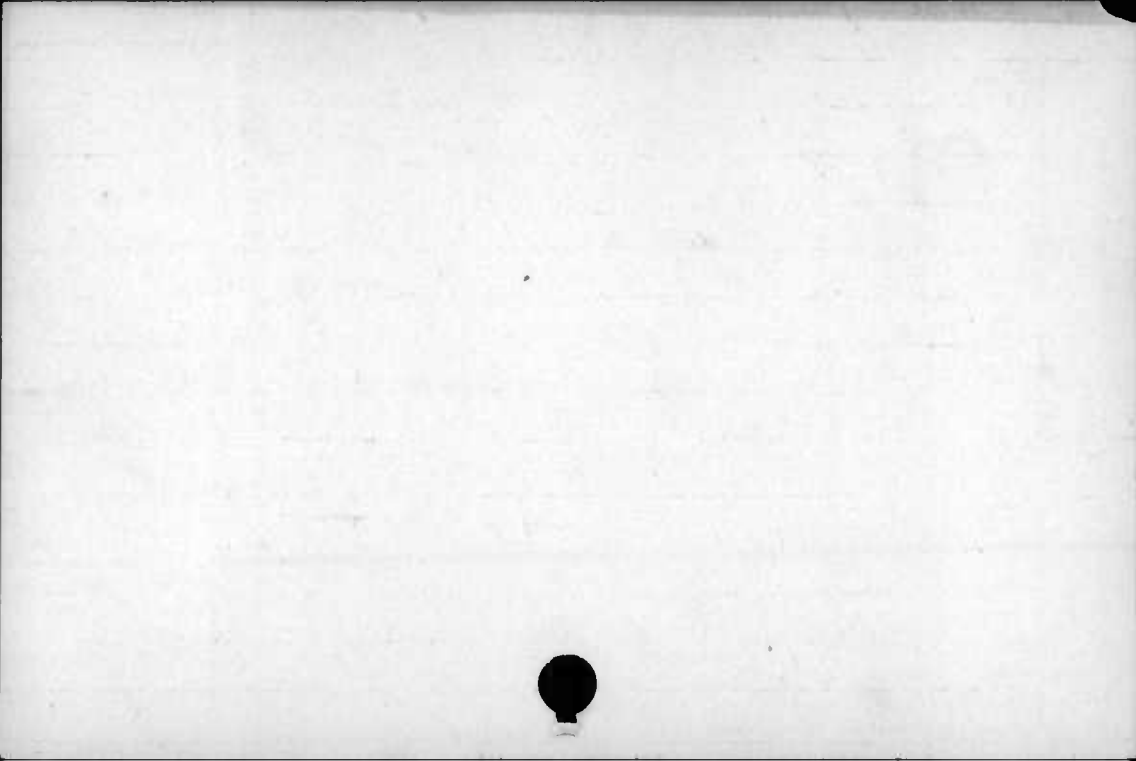
Died at <i>Mt Hope Retreat</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>28</i>	Age <i>65</i>	Years <i>not known</i>	Months <i>not known</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Wife of manufacturer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>not known</i>				
Father's Name <i>not known</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i> </i>			Mother's Birthplace <i> </i>		
Name of person giving information <i>Reed, Mt Hope</i>			How related to deceased <i>not what</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia Chronic</i>	How long <i>Since 1895</i>
Immediate <i>ex. Cerebral Congestion</i>	How long <i>abt 1 wk -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Baltimore Md.</i>
Accident or Suicide? <i>..</i>	



Name in Full John F. Moore		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cockeysville Tcwn	Balti County	MARYLAND
	Date of death 90 8 Month 4 Day 15 Age 45 Years 45 Months 29 Days		
	Sex Male	Color or Race White	Birth-place Ireland
	Occupation Track Foreman	Where Residing if not at place of death Cockeysville	
	Married, Single or Widowed	Name of Wife or Husband Margaret Moore	
	Father's Name James Moore	Father's Birthplace Ireland	
	Mother's Maiden Name Julia Fitzgerald	Mother's Birthplace Ireland	
Name of person giving information John B. Moore	How related to deceased Son		
CAUSES OF DEATH		166	
PHYSICIAN OR CORONER	Primary	How long	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above? Correct		Signature of Physician W. M. D.
	John B. Duncan		Address
	Accident or Suicide?		

Funeral at Taper Falls
on Friday 17th

W. C. Brooks

Name
in
Full

Erna D. Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belle View</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>4</i> ^{Month}	<i>29</i> ^{Day}	<i>1</i> ^{Years}	<i>7</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Balto Ave.</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Henry J. Morrow</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Martha Hickson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Henry J. Morrow</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>Twenty days</i>
Immediate <i>Respiratory failure</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. E. Runk</i>
<i>R</i>	Address <i>2000 E. Burt. St.</i>
Accident or Suicide? <i>No</i>	

Hernig for
Balt. Com.

5/1/08

Name
in
Full

Maggie Grover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Endwood San. Toron</i>		Town <i>Toronto</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>April</i>	Day	<i>1st</i>	Age	<i>48</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death <i>Endwood Sanatorium</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband _____			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Ireland</i>		
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Ireland</i>		
Name of person giving information	<i>Dr. A. M. Foster</i>			How related to deceased _____			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. M. Foster M.D.</i>
		Address	<i>Endwood Sanatorium, Toron.</i>
Accident or Suicide?	<i>No</i>		

AKnell & son

807 Columbia

Cathedral corner

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *9 mile Hill Fred K. Stumpike* ^{Town} *Balto. Co.* ^{County}Date of death *1908* ^{Month} *4* ^{Day} *3* ^{Years} *55 1/2* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Ireland*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Catherine Murphy*Father's Name *Patrick Murphy* Father's Birthplace *Ireland*Mother's Maiden Name *Ellen Farrell* Mother's Birthplace *Ireland*Name of person giving information *Francis P. Murphy* How related to deceased *Brother*

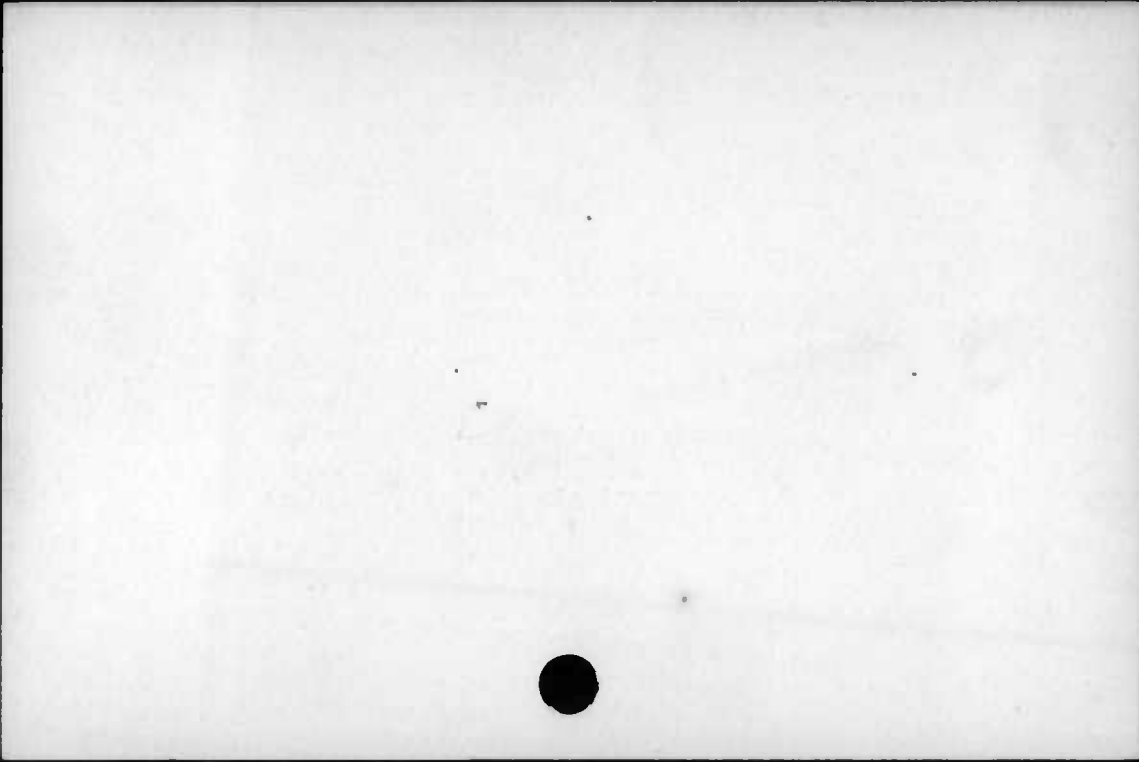
CAUSES OF DEATH

48

Primary *Rheumatism*Immediate *Heart-Failure*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John M. Bone*

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

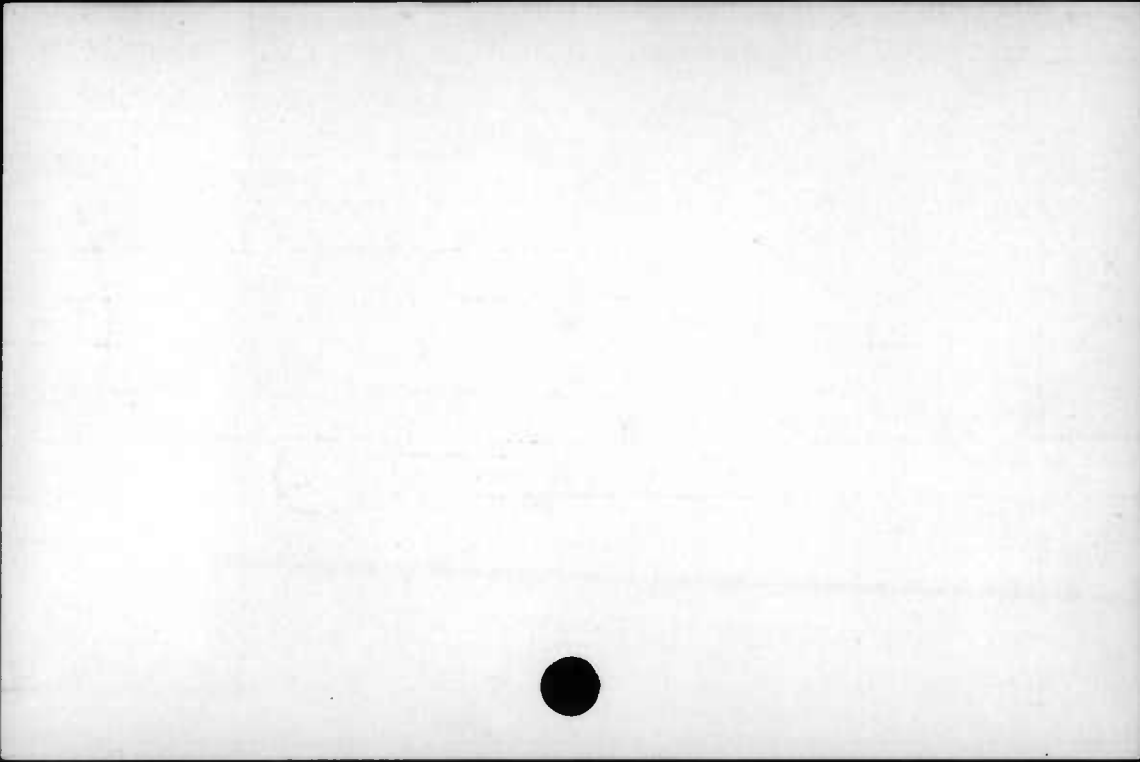
Died at		Town <i>Pleasant Grove</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1908</i>		<i>4</i>	<i>19</i>	<i>71</i>			<i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary C. Myers</i>					
Father's Name <i>John Myers</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth L. Myers</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving In formation <i>John Cerego</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary		How long <i>2 hours</i>	
Immediate <i>Paralysis of the Brain</i>		How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. H. Wilson</i>	
		Address <i>Yorkburg, Maryland</i>	
Accident or Suicide?			



Name in Full		Thomas B. Nace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rolova Park</i>			Town <i>Baltimore</i>		County	
	Date of death <i>1908</i>		Month <i>April</i>	Day <i>7</i>	Age <i>0</i>	Years <i>6</i>	Months <i>23</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Rolova Park</i>		
	Occupation <i>babe</i>			Where Residing if not at place of death <i>500 Presford Ave</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Rolova R. Nace</i>				Father's Birthplace <i>Balti Co. Md</i>		
Mother's Maiden Name <i>Lemora Briggs</i>				Mother's Birthplace <i>Montgomery Co Md</i>			
Name of person giving information <i>Mrs Nace</i>				How related to deceased <i>Mother</i>			
CAUSES OF DEATH							(8)
PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>			How long <i>Two weeks</i>			
	Immediate <i>Eclampsia</i>			How long <i>Two days</i>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>R B Noyes M.D.</i>			
	<i>They are.</i>			Address <i>3343 Chestnut Ave Baltimore Md</i>			
Accident or Suicide?							

A S Marshall
3539 Fall River

St Marys - Hampden
~~MA~~ Apr 7-1908

Name
in
Full

Ethel Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owings Mills</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>7th</i> <small>Day</small>	Age <i>15</i> <small>Years</small>	<i>3</i> <small>Months</small> <i>3</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore City</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>217-E-21st St</i>		
Marrried, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William Norris</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Jessie Pennan</i>			Mother's Birthplace	<i>Scotland</i>
Name of person giving information	<i>Jessie Norris</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis & General Debility</i>	How long	<i>six weeks</i>
Immediate	<i>Pneumonia - Heart Failure</i>	How long	<i>Eight Days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Frank W. Kettinger, M.D.</i>	
Address		<i>Owings Mills Maryland</i>	
Accident or Suicide?		<i>Neither</i>	

For removal to
217 E - 21st St Bato Md.

Wm Cook
Undertaker
502 E North av.

Name
in
Full

CERTIFICATE OF DEATH

Ella Payne
Died at ^{Town} Mt. Vernon^{County} Baltimore

MARYLAND

Date of death 1908 ^{Month} April ^{Day} 9 ^{Age} 40 ^{Years} 0 ^{Months} 0 ^{Days} 0Sex Female ^{Color or Race} White ^{Birth-place} BaltimoreOccupation Domestic ^{Where Residing if not at place of death} A place of Death.Married, Single or Widowed Married ^{Name of Wife or Husband} Joe W. PayneFather's Name Cornel B. Gull ^{Father's Birthplace} UnknownMother's Maiden Name Unknown ^{Mother's Birthplace} UnknownName of person giving information Joe Payne ^{How related to deceased} Husband

CAUSES OF DEATH

120

Primary ^{How long} Bright's DiseaseImmediate ^{How long} Pericarditis and Complications

Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} R. G. Glance^{Address} Mt. Vernon, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W^m H.
Tuckner
London Park.

Name
in
Full

Annie G. Popp
Town

CERTIFICATE OF DEATH

MARYLAND

Died at *Cella*

Balto County

Date of death *1908 April 21*

Age *no*

Months *14*

Days *20*

Sex *Female*

Color or Race *White*

Birthplace *Maryland*

Occupation *none*

Where Residing if not at place of death *Cella*

Married, Single or Widowed *Single*

Name of Wife or Husband *none*

Father's Name *Martin Popp*

Father's Birthplace *Germany*

Mother's Maiden Name *Clara Torman*

Mother's Birthplace *Maryland*

Name of person giving information *Martin Popp*

How related to deceased *Father*

CAUSES OF DEATH

104

Primary *Indigestion acute 10 hrs*

Immediate *Spasms*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. C. Sherr*

Address *Ellicott City*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Easton Sons
Oella Ametby.

Name
in
Full

Wilhelmina A. N. Radecke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Minnans		County Baltimore		MARYLAND	
Date of death		1908	Month April	Day 11	Age 38	Years -	Months -
Sex female		Color or Race white		Birth- place Md			
Occupation House wife		Where Residing if not at place of death -					
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name L. E. Radecke		Father's Birthplace Unobtainable					
Mother's Maiden Name Katherine Smutzer		Mother's Birthplace Unobtainable					
Name of person giving In formation							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	2 mos 3 mos
Immediate	Cardiac Asthenia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. S. M. Keiffer	
Address		Marcell Park	
Accident or Suicide?		Baltimore, Md	

William Lickner
London Park

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Highlandtown</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>19</i> ^{Month}	<i>1</i> ^{Day}	<i>19</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Highlandtown</i>	Months <i>19</i> Days <i>1</i>
Occupation <i></i>	Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>		
Father's Name <i>George F. Reif</i>	Father's Birthplace <i>Baltimore, Md</i>		
Mother's Maiden Name <i>Mary Berger</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>George F. Reif</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

Primary <i>Still born infant.</i>	How long <i></i>
Immediate <i>6 mo. Dead in Uterus</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert H. H. H. H.</i>
	Address <i>1903</i>
Accident or Suicide? <i></i>	<i>Go of</i>

April 1st / 1908.

Holy Redeemer
Cemetery. —

Belair Road.

Name
in
Full

Remmert Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1908	Month 4	Day 10	Age —	Months —	Days —
Sex		<i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Hopkins Hospital</i>	
Occupation <i>infant</i>				Where Residing if not at place of death <i>Towson</i>			
Married, Single or Widowed		<i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>unknown</i>				Father's Birthplace —			
Mother's Maiden Name <i>Josephine Robinson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Josephine Robinson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Somewhat trouble suppur</i>	How long	<i>immediati</i>
Immediate	<i>Sudden</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. G. Massenburg M.D.</i>	
Address <i>Towson</i>		Health Officer <i>Health Officer</i>	
Accident or Suicide? <i>—</i>			

Robt A Elliott

Sundy bottom

Name
in
Full

S — L. Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>2</i>	Age <i>Unknown</i>	Months <i>Unknown</i> Days <i>Unknown</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>		
Occupation <i>Farm hand</i>	Where Residing if not at place of death <i>Lodge Farm Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>	How related to deceased <i>None</i>				
Name of person giving information <i>Edw Parker</i>					

CAUSES OF DEATH

175

Physician
OR CORONER

Primary	<i>Suicide by taking</i>	How long
Immediate	<i>Poison Green</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>David A. Thompson</i> Coroner
		Address <i>1500 Highland Ave</i>
Accident or Suicide? <i>Suicide</i>		<i>Baltimore County Md</i>

April 4th / 1908,
"City Morgue,"

Name
in
Full

Calvin M. Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Banton		County Balto.		MARYLAND		
Date of death	1908	Month April	Day 11	Age	Years —	Months 7	Days 24	
Sex	Male			Color or Race	White		Birth- place	Md.
Occupation	—			Where Residing if not place of death				333 N. Clinton St.
Married, Single or Widowed				Name of Wife or Husband				—
Father's Name	Wm. Schmidt					Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Jung					Mother's Birthplace	Germany	
Name of person giving in formation	Wm. Schmidt					How related to deceased	Father	

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Congenital Malformation of the Heart		How long	Since birth
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. H. Athey	
		Address	[Redacted]	
Accident or Suicide?				

Girbler & Girbler
1739 E. Cager St.

Oak Lawn Cem.

April 13-1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ralph Schuetz</i>		Town <i>Arlington</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 April 28</i>		<i>1</i>		<i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Arlington</i>			
Occupation				Where Residing if not at place of death <i>634 Florence Ave</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>William Schuetz</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Minnie Griffith</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>William Schuetz</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. W. Leonard</i>	
<i>Yes</i>		Address <i>Arlington</i>	
Accident or Suicide?			

London Park
Cemetery.

April 29. 08

Geo. Smith Co.

Name
in
Full

John W Peidenstricker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamilton</u>		County <u>Baets</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Apr</u>	Day <u>30</u>	Age <u>83</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>W</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Cigar maker</u>		Where Residing if not at place of death <u>Hamilton Md</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mrs J D Henry</u>			
Father's Name <u>Andrew Peidenstricker</u>		Father's Birthplace <u>Baets</u>			
Mother's Maiden Name <u>Ruth Penhault</u>		Mother's Birthplace <u>Wahmum</u>			
Name of person giving information <u>Mrs J D Henry</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>—</u>
Immediate <u>Apoplexy</u>	How long <u>5 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter H. Vinal</u>
<u>2</u>	Address <u>Hamilton, Md.</u>
Accident or Suicide? <u>—</u>	

Robert S. Turner

1442 N. Broadway

R

Methodist Society

Name
in
Full

Lydia C Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Near Mt Zion* ^{Town}*Balto* ^{County}
*County*Date
of death *1908*Month
*Apr*Day
15

Age

Years
*55*Months
*7*Days
*18*Sex *Female*Color or
Race*White*Birth-
place*Near Hampstead*

Occupation

*House Wife*Where Residing if not
at place of death*Near Mt Zion*Married, Single
or Widowed*Married*Name of Wife or
Husband*William L Shaffer*Father's
Name*Issie Hoffman*Father's
Birthplace*Pa*Mother's
Maiden Name*Lydia Hoffman*Mother's
Birthplace*Balt Co*Name of person giving
Information*Wm Shaffer*How related
to deceased*Husband*

CAUSES OF DEATH

66

Primary

*Chronic Degenerative
Right Hemiplegia*

How long

3 months

Immediate

Gradual heart failure

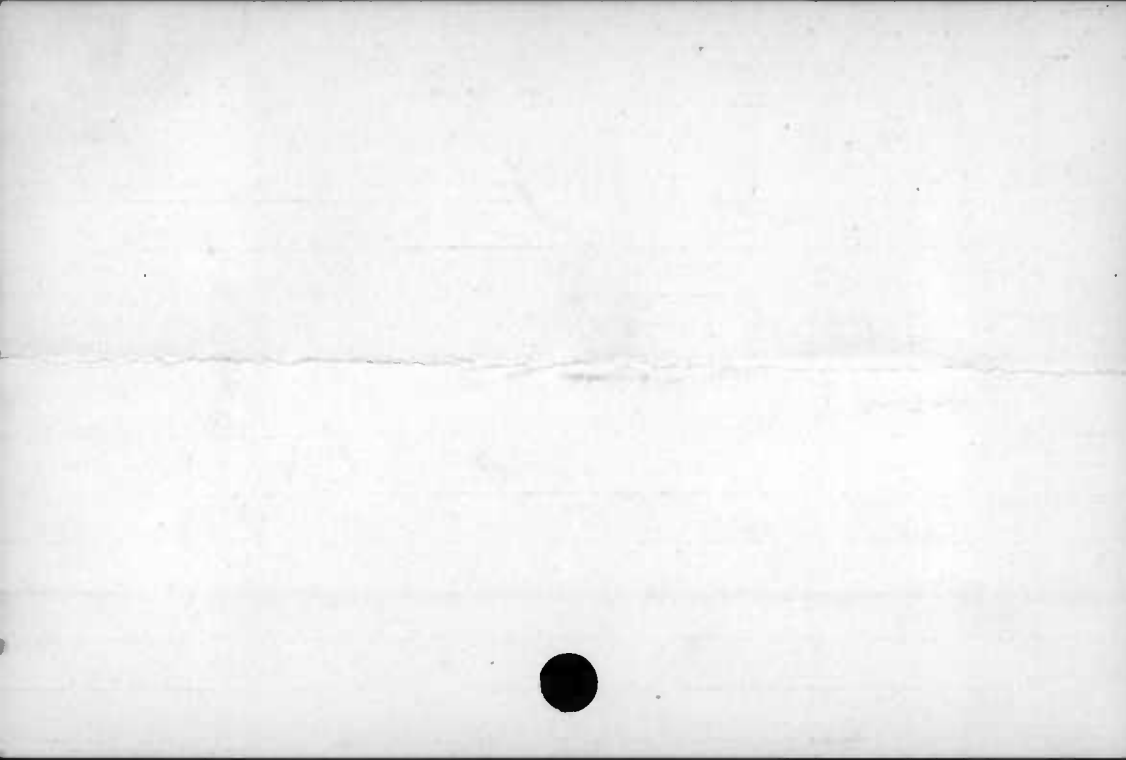
How long

*4 hrs*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Dr R F Richardson
Hampstead*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Sollars Town			Balti County		
Date of death 1908 Month April Day 25		Age Unknown Years Unknown Months Unknown Days Unknown			
Sex Male	Color or Race White		Birth-place Unknown		
Occupation Ship Builder			Where Residing if not at place of death Unknown		
Married, Single or Widowed Unknown		Name of Wife or Husband Unknown			
Father's Name Unknown			Father's Birthplace Unknown		
Mother's Maiden Name Unknown			Mother's Birthplace Unknown		
Name of person giving information Cornelius Cottel			How related to deceased None		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician David A. Thompson	
		Address 1500 Highland Ave	
Accident or Suicide? Accident		Baltimore County Md	

May 10th
City Morgue

Name
in
Full

May Virginia Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town arbutus		County Balto		MARYLAND	
Date of death		1908	Month April	Day 22	Age —	Years —	Months 6
Sex female		Color or Race white		Birth-place Balto Md		Days 3	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Wilbur L. Shipley				Father's Birthplace Balto Md			
Mother's Maiden Name Laura Glenn				Mother's Birthplace Balto Md			
Name of person giving information Wilbur L. Shipley				How related to deceased father			

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	Catarrhal Gastro Enteritis	How long	4 wks
Immediate	exhaustion	How long	2 da
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. Gustav Dill	
Address		1443 W Lombard St	
Accident or Suicide?		neither	

Chas Will
Coulter Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frederick Simon

Died at Poplar Town

Baltimore County

MARYLAND

Date of death 1908 April

Day 10

Age 27 Years

Months 7

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltic Co.

Occupation

Farmer

Where Residing if not
at place of death

Poplar

Married, Single
or Widowed

married

Name of Wife or
Husband

Amelia Simon

Father's
Name

August Simon

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Rosengarn

Mother's
Birthplace

Maryland

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

166

Primary

How long

Immediate

Killed by train on B. & O. R. Road

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Gethman

Address

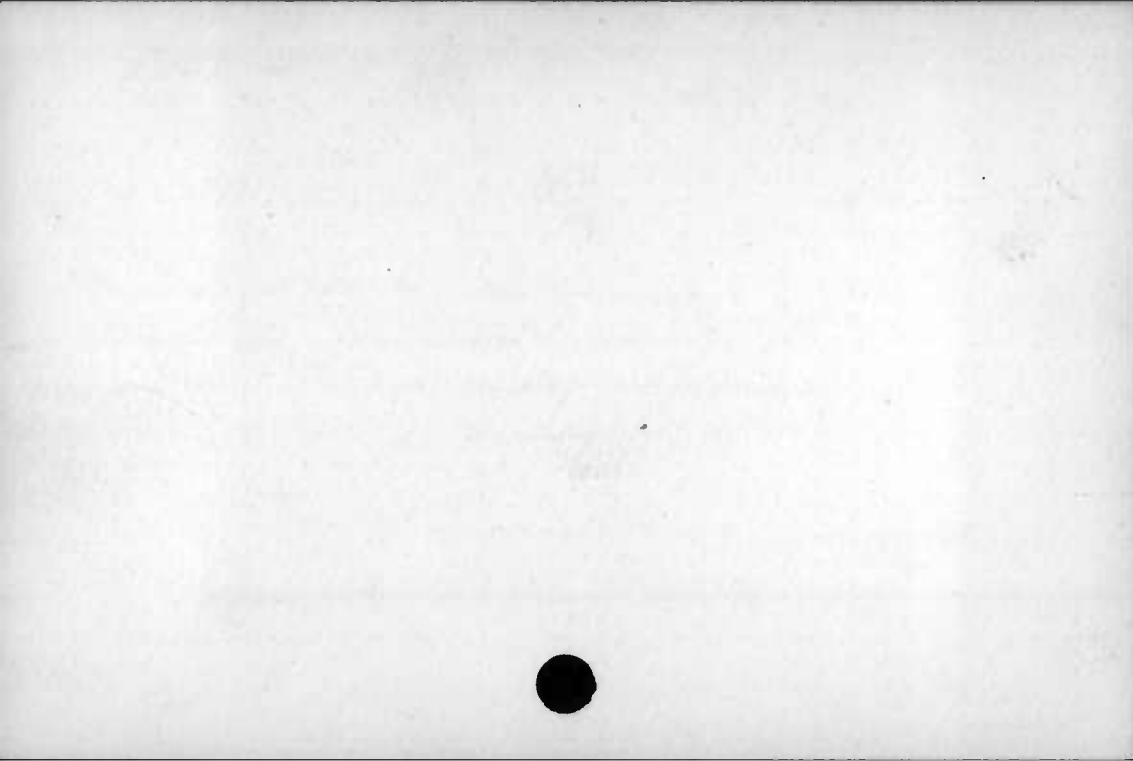
Rossville

Accident or Suicide?

Accidental

Acting Coroner

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Marsh Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Roland Park		County Baltimore		MARYLAND	
Date of death	1908	Month April	Day 4	Age 60	Years 2	Months 6	Days
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Retail Merchant			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Helen Randolph Smith				
Father's Name	John Marsh Smith				Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Brooke Tyson				Mother's Birthplace	Maryland	
Name of person giving information	J H Taliaferro				How related to deceased	Brother-in-law	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma gall bladder & biliary	How long	5 mos.
Immediate	General debility	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A S Atkinson	
Address		921 N Charles St	
Accident or Suicide?			

Henry. W. Jenkins & Son Co

Greenmount Elm

April. 7th / 08

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at <u>Cowington</u>		County <u>Balti-</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>1</u>	Years <u>32</u>	Months <u>11</u>	Days <u>22</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balti. Co</u>	
Occupation <u>Clerk</u>		Where Residing if not at place of death <u>Cowington - Balt. Co</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>George B. Sterling</u>		Father's Birthplace <u>Harford Co</u>			
Mother's Maiden Name <u>Mary R. Blane</u>		Mother's Birthplace <u>Harford Co</u>			
Name of person giving Information <u>Mrs. Mary Robinson</u>		How related to deceased <u>Sister</u>			

Date of death	1908	Month	April	Day	1	Years	Age	32	Months	11	Days	22
---------------	------	-------	-------	-----	---	-------	-----	----	--------	----	------	----

Sex *Male* Color or Race *White* Birth-place *Balt. Md*

Occupation	Clerk	Where Residing if not at place of death	Crown Point, Bull Co
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Married, Single Single Name of Wife or
or Widowed Husband

Father's Name George B. Sturtin 1 Father's Birthplace Harford Co

Mother's
Maiden Name *Mar. R. Blaine* Mother's
Birthplace *Harvard (Ct.)*

Name of person giving information	Mrs. Mary Robinson	How related to deceased	Sister
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CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	2 yrs
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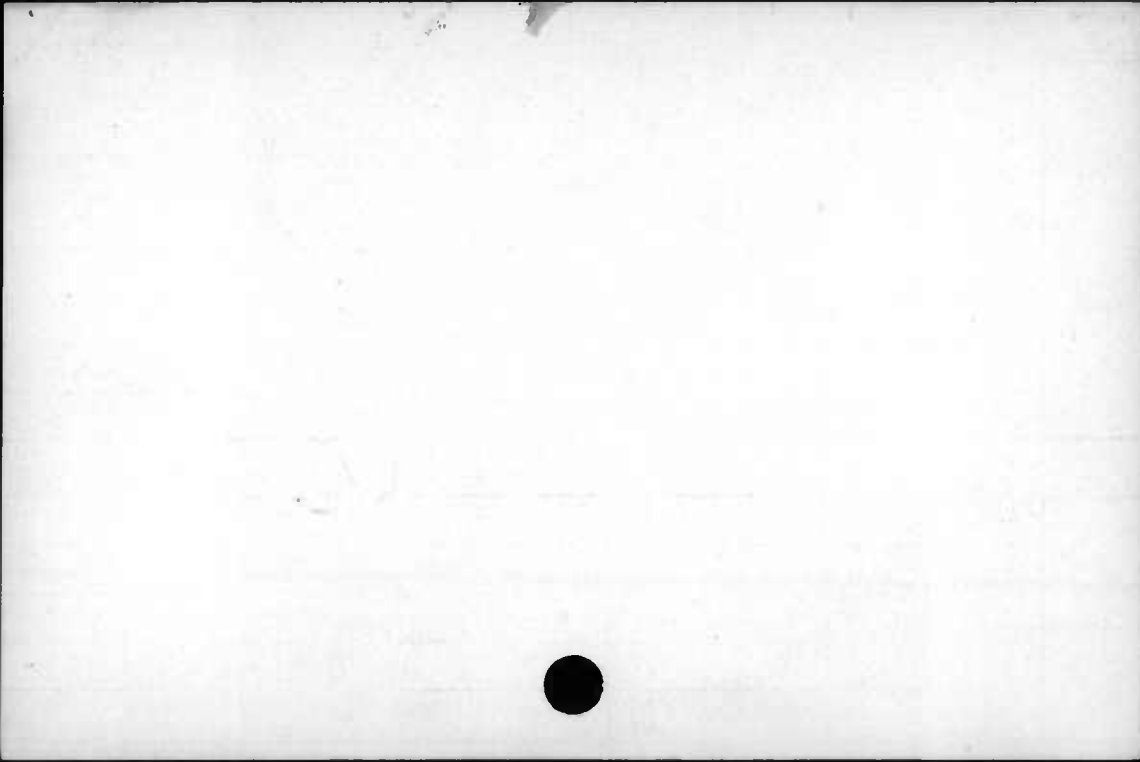
Immediate	Uskenna	One at 100
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Are the name, age, sex, color, date
and place correctly given above? *yms*

Signature of Physician *W. H. Haeberle M.D.*

Address Middle River

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *unnamed infant Stevens*

Died at *Middle River* Town *River* County *Duch* MARYLAND

Date of death *1904* Month *Apr* Day *27* Age *—* Years *—* Months *—* Days *8*

Sex *Female* Color or Race *colored* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James H. Stevens* Father's Birthplace *va*

Mother's Maiden Name *Mary Farmer* Mother's Birthplace *md*

Name of person giving information *James H. Stevens* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

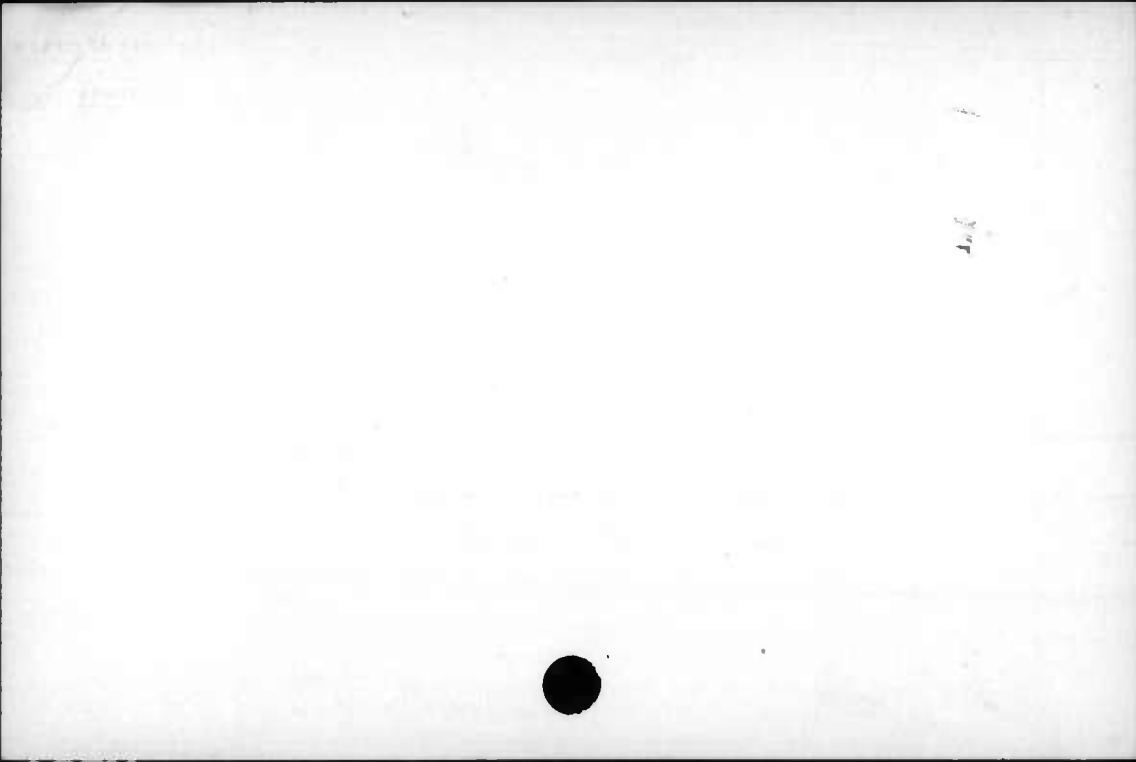
Primary *Convulsions* How long *24 hrs*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John H. Harrison M.D.* Address *Middle River md*

Accident or Suicide? *No*



Name
in
Full

Mary. Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> <small>Town</small>		<u>Bolton</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>April</u> <small>Month</small>	<u>20</u> <small>Day</small>	Age <u>79</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Ferdinand Stevens</u>			
Father's Name <u>Jesse Redmond</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>Matilda Redmond</u>			Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>Wm B. Stevens</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <u>Chronic Bronchitis,</u>	How long <u>18 years</u>
Immediate <u>Exhaustion</u>	How long <u>few weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr L. W. Mattfeldt</u>
	Address <u>Baltimore Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Annie L. Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamwood ave</i> ^{Town}		<i>Goravestown</i> ^{County}		MARYLAND	
Date of death	<i>April 8</i> ^{Month}	<i>8</i> ^{Day}	Age <i>68</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pocomoke city</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Hamwood ave</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Annie L. Stevenson</i>			
Father's Name <i>Levin Cottingham</i>			Father's Birthplace <i>Dont no</i>		
Mother's Maiden Name <i>Mary H. Tillman</i>			Mother's Birthplace <i>Dont no</i>		
Name of person giving information <i>Beulah Stevenson</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>8 years</i>
Immediate <i>Heart failure</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Duncan</i>
	Address <i>Goravestown Md</i>
	<i>Wm. Cook 502 E. North ave</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Friday 2. Pm.

Presbyterian Cemetery

Wm. Cook.

5828 North ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Monroe PK</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1908</i>		<i>4</i>	<i>6</i>			<i>2</i>	<i>14</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>White</i>		<i>Balto to Md</i>			
Occupation				Where Residing if not at place of death			
<i>Infant</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>							
Father's Name				Father's Birthplace			
<i>August Strunsky</i>				<i>Unknown</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Cornelia Lubber</i>				<i>Unknown</i>			
Name of person giving information				How related to deceased			
<i>August Strunsky</i>				<i>Father</i>			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	<i>convulsions Epileptic</i>	How long	<i>Lifetime</i>
Immediate	<i>Asthma</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Henry C. Ohle</i>	
		Address	
		<i>Harrett Hospital</i>	
		<i>Balto Md</i>	
Accident or Suicide?			

Nicholas Fink

Bonnie Bral

Name
in
Full

Hanna Egan Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

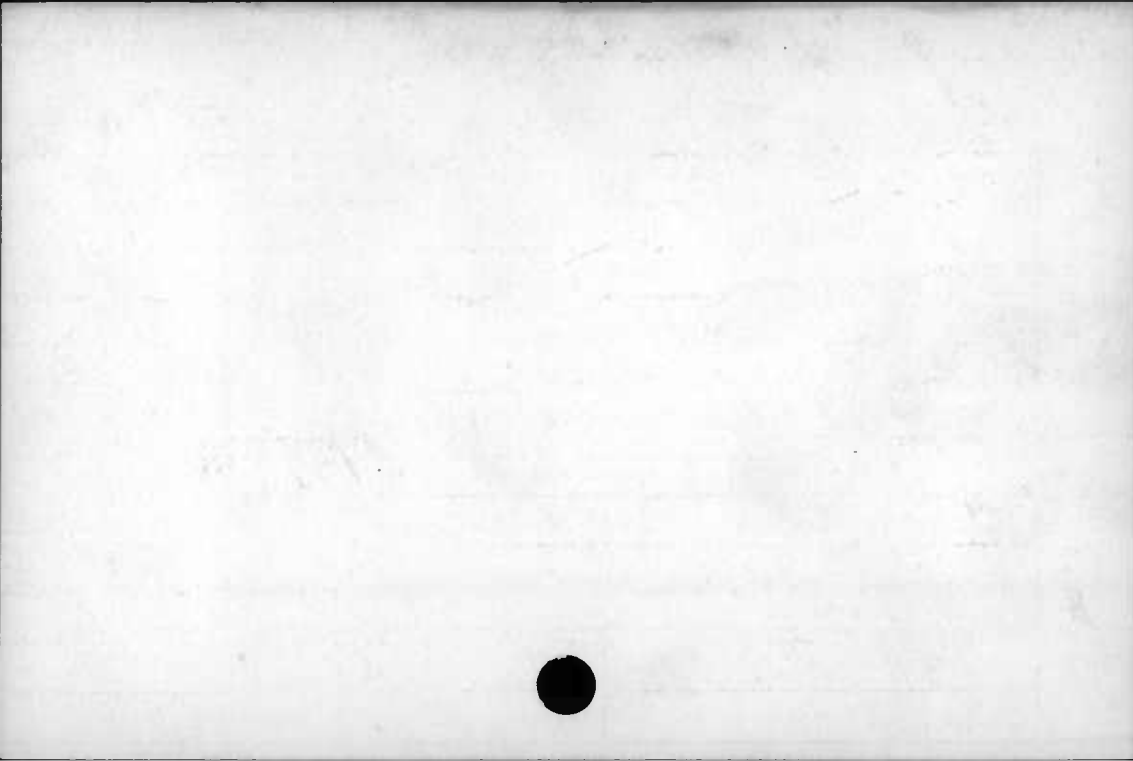
Died at		Town <i>St. Agn's Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	April	Day	18	Age	Years 32
Sex	Female		Color or Race	White		Birth-place	Ireland
Occupation	House work		Where Residing if not at place of death		St. Agn's Hospital		
Married, Single or Widowed	Married		Name of Wife or Husband		Patrick Sullivan		
Father's Name	Egan		Father's Birthplace		Ireland		
Mother's Maiden Name	Unknown		Mother's Birthplace		Ireland		
Name of person giving information	Mrs. Ustis Thompson		How related to deceased		Friend		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Puerperal Septicemia</i>	How long	<i>2 weeks</i>
Immediate	<i>Acute Nephritis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. P. Landrock M.D.</i>	
		Address	
		<i>St. Agn's Hospital</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Towson</i>		County <i>Baltimore</i>		
		Date of death <i>1908</i>		Month <i>April</i>	Day <i>8</i>	Age <i>28</i>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Virginia</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Petersburg Va.</i>		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Agnes Baird</i>			
		Father's Name <i>Oraux G. Thweatt</i>		Father's Birthplace <i>Virginia</i>		
		Mother's Maiden Name <i>Bettie Baird</i>		Mother's Birthplace <i>Va.</i>		
		Name of person giving information <i>W B Cornell</i>		How related to deceased <i>Physician</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">116</div>						
PHYSICIAN OR CORONER		Primary <i>Mental Exhaustion and Confusion</i>		How long <i>3 1/2 mos.</i>		
		Immediate <i>Acute peritonitis</i>		How long <i>10 days.</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>		Signature of Physician <i>W B Cornell</i>		
				Address <i>Sheppard & C. Pratt Hosp.</i>		
		Accident or Suicide?				

E Madison Mitchell
1201 W Fayette Street
Baltimore Md

To Rawling-Brunswick Co
Va

Name
in
Full

Mary J. Trabert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <i>Calto</i> <small>Town County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>1</i>	Age <i>39</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank A. Trabert</i>		
Father's Name <i>William Torsteg</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Shughan</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving Information <i>Frank A. Trabert</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia & Pleurisy</i>	How long <i>8 days</i>
Immediate	—	How long —
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. H. Johnson M.D.</i>
		Address <i>2017 E. Baltimore St.</i>
Accident or Suicide?	<i>no</i>	

Joseph J. Herr,

1914 E. Fayette St.

St. Albans
Cemetery —

Sat. April 4/08,

Name
in
Full

CERTIFICATE OF DEATH

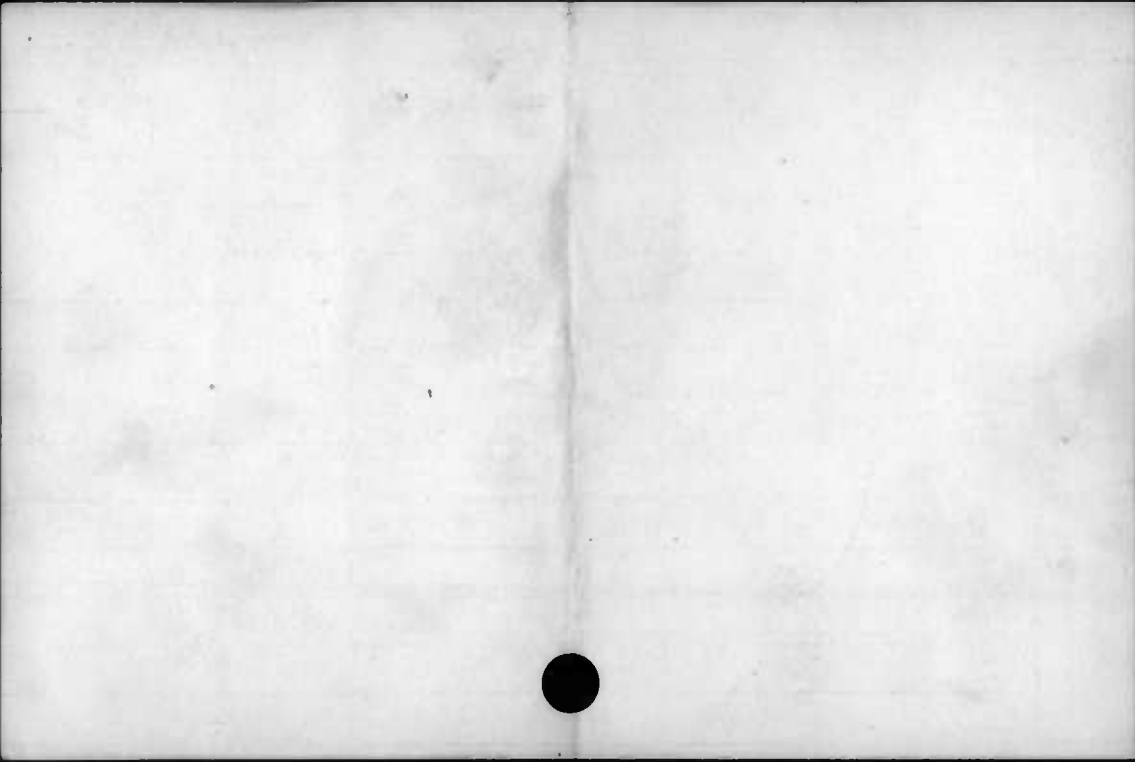
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		8	April	1	Age	27	
Sex	Female	Color or Race		White		Birth-place	Italy
Married, Single or Widowed				Occupation			
				Housewife			
Name of Wife or Husband				Sacume Trimm			
Father's Name				Unknown			
Mother's Maiden Name				Unknown			
Name of person giving information				Sacume Trimm			
Father's Birthplace				Italy			
Mother's Birthplace				Italy			
How related to deceased				Widow			

CAUSES OF DEATH

70

PHYSICIAN OR CORONER	Primary	Calarepsia	How long	3 hours
	Immediate	apoplexy	How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		B. Wallace	
Address		Prossville Pa		
Accident or Suicide?				



Name
in
Full

Thos. Tully

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

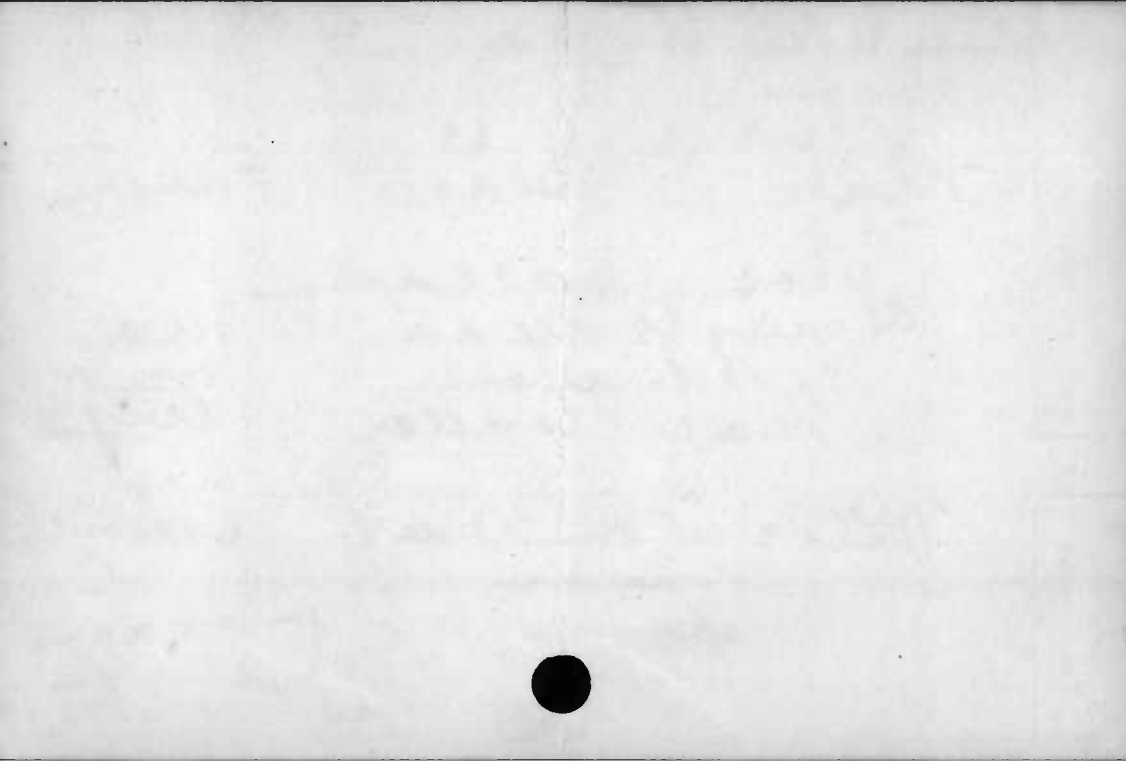
Died at <i>Texas</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>4</i>	Age <i>36</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chesnut Ridg.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>James Tully</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Kate Dougherty</i>			Mother's Birthplace <i>Balto. Md</i>		
Name of person giving information <i>his brother John</i>			How related to deceased <i>Mar. 8, 08</i>		

CAUSES OF DEATH

*My first visit was*PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>I do not know</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. C. Bussey</i>
	Address <i>Texas Md.</i>
Accident or Suicide? <i>No</i>	

(27)



Name
in
Full

Charles Henry Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chase ^{Town} Belt ^{County} MARYLAND

Date of death 190 8 ^{Month} April ^{Day} 6 Age 63 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race Black Birth-place md

Married, Single Single or Widowed Occupation —

Name of Wife or Husband Rose Wallace

Father's Name Henry Wallace Father's Birthplace md

Mother's Maiden Name unknown Mother's Birthplace md

Name of person giving information Rose Wallace How related to deceased Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular heart disease 6 months ^{How long}

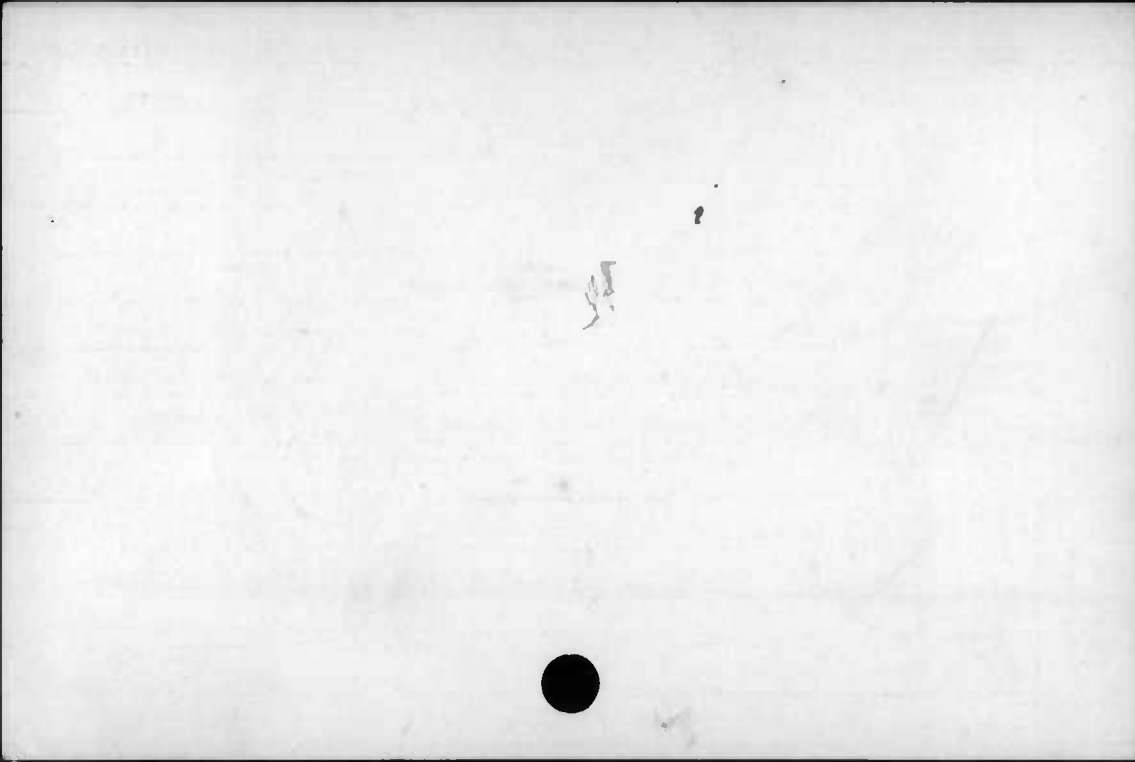
Immediate disease — ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. H. Maer

Address Rossville md

Accident or Suicide? —



Name
in
Full

William Heigand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lutherville* Town *Balto* County

Date of death 1908 4 22 Age 66 Months 4 Days

Sex Male Color or Race White Birthplace Germany

Occupation *Cobbler* Where Residing if not at place of death *Lutherville*Married, Single or Widowed *Widowed* Name of Wife or Husband *unknown Kate Weigand*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *unknown* Mother's Birthplace *unknown*Name of person giving information *from neighbors. Inquest* How related to deceased *none*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONERPrimary *Organic Lesions of Heart & Kidney* How long *unknown*Immediate *found dead in house alone* How long *unknown*Are the name, age, sex, color, date and place correctly given above? *best*Signature of Physician *R. C. Massenburg Health Officer*Address *Towson**possible*Accident or Suicide? *neither*

John Burns Sons

— — — — —

Prospect Hill

Towson

Name
in
Full

CERTIFICATE OF DEATH

James W. Wells
Town King Georgeville

County Bullets

MARYLAND

Died at

Date

of death

!

90

8

Apr

Month

Day

2

5

Age

Years

Months

Days

7

1

3

3

Sex

Male

Color or

Race

White

Birth-

place

Med

Occupation

Farmer

Where Residing if not

at place of death

Same

Married, Single

or Widowed

married

Name of Wife or

Husband

Isabelle

Wells

Father's

Name

John

Wells

Father's Birthplace

Med

Mother's Maiden Name

Margaret-Chapman

Mother's Birthplace

Med

Name of person giving information

Jess

Wells

How related to deceased

Son

CAUSES OF DEATH

79

Primary

organic heart-disease

How long

6 years

Immediate

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Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. F. H. Gorsuch

Address

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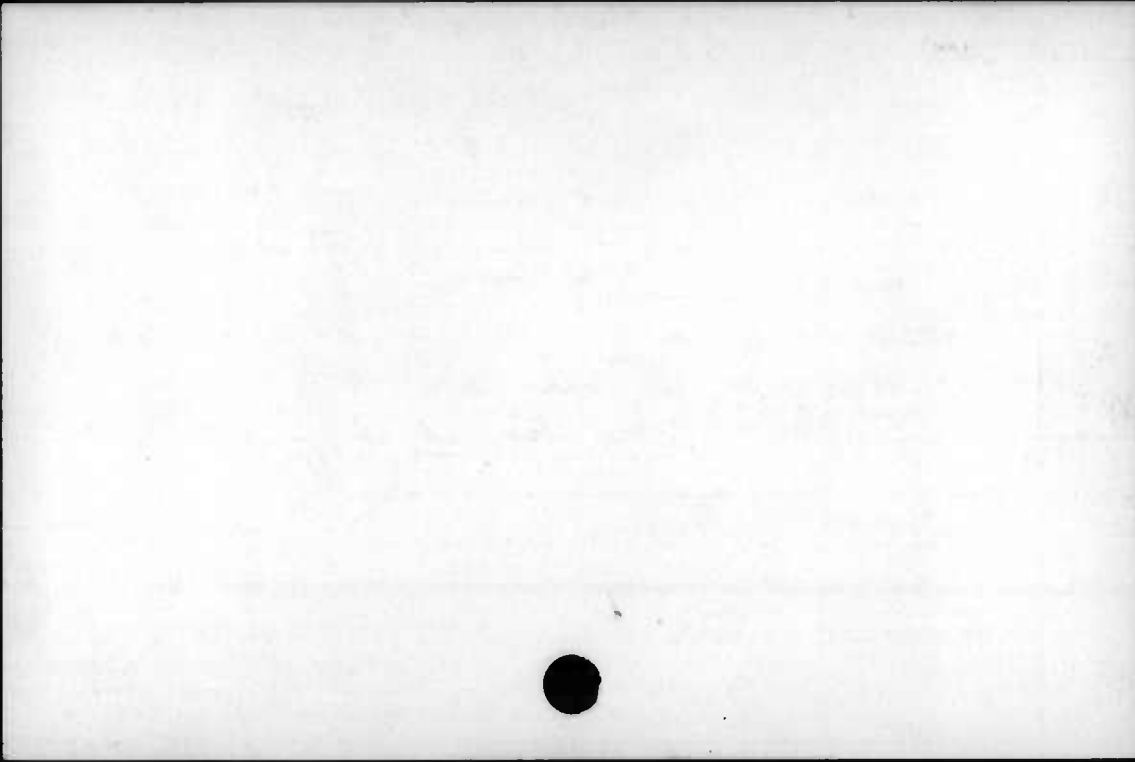
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Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry Mithphal (Baltimore)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sheppard Town</i>		County <i>Balto</i>		MARYLAND	
Date of death	1908	Month	4	Day	22
Age		36	Years	4	Months
Sex		Male	Color or Race	White	Birth-place
Occupation		None	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Henry Mithphal	Father's Birthplace		
Mother's Maiden Name		Anne E	Mother's Birthplace		
Name of person giving information		Ed Donk	How related to deceased		
			Physician		

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	Dementia Praecox	How long	14 Yrs +
Immediate	Abscess of Lung	How long	1 Mo +
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ed Donk	
Address		Sheppard Town, Balto	
Accident or Suicide?		No	

George Schelling & Sons Undertakers

Buried at Greenmount Cemetery

Name
in
Full

Henry G. Wetters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt Winans ^{Town} Baltimore ^{County} MARYLAND

Date of death 1908 ^{Month} April ^{Day} 1st ^{Age} 26 ^{Years} 3 ^{Months} 25 ^{Days}

Sex male Color or Race white Birth-place Baltimore

Occupation Operator machine Where Residing if not at place of death Mt Winans

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Louis Wetters Father's Birthplace Baltimore

Mother's Maiden Name Dora Kramer Mother's Birthplace Germany

Name of person giving information Dora Kramer How related to deceased Mother

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary Tuberculosis General ^{How long} one year

Immediate Exhaustion ^{How long} —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician A. C. Glanville

Address Mt Winans
Md.

Accident or Suicide? Q

E. Schloman.

Western Cemetery

Name
in
Full

CERTIFICATE OF DEATH

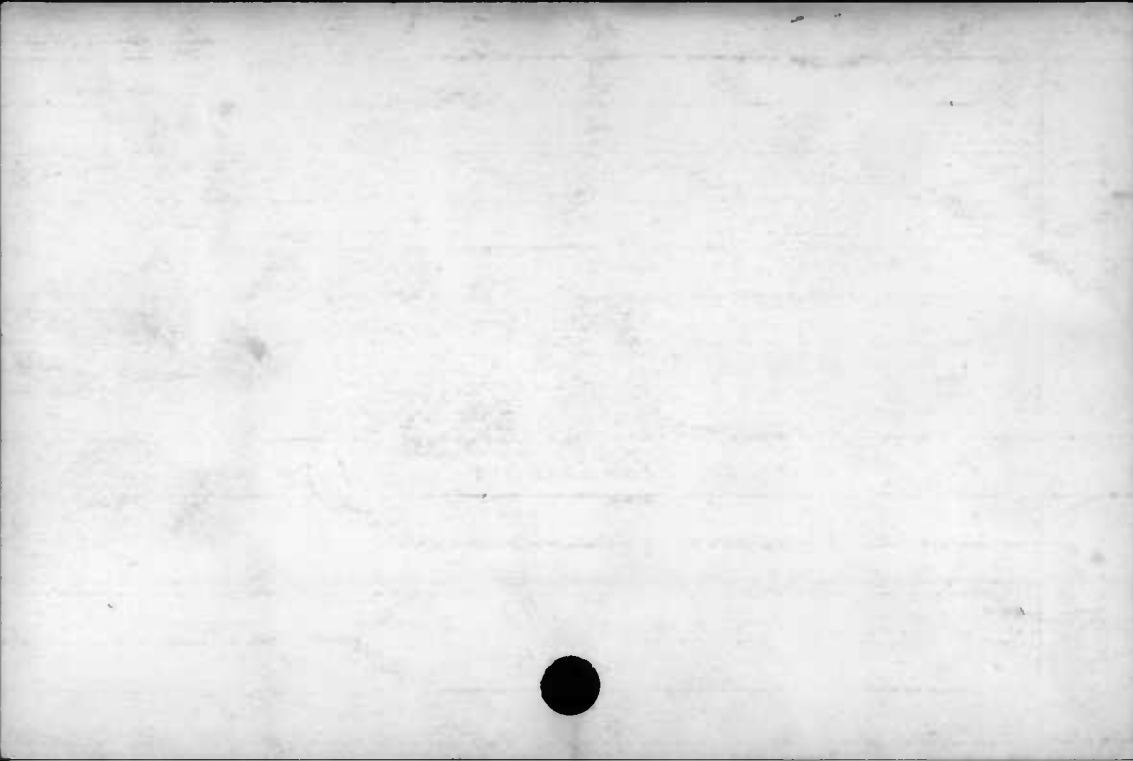
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monkton</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>20</i>	Age <i>3</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Monkton, Md</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Leiza Wesley St. Luke</i>		Father's Birthplace <i>Dear Shirts, Md</i>			
Mother's Maiden Name <i>Louisa Spittle</i>		Mother's Birthplace <i>Frederick Co.</i>			
Name of person giving information <i>Leiza St. Luke</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. T. Payne</i>	
Address <i>Phoenix Baltimore Maryland</i>			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Harvey Williams</i>			Town <i>Lovson</i>			County <i>Balto.</i>			MARYLAND		
Died at		Date of death		Month		Day		Age		Years	
		1908		April		2		3		Months	
										Days	
Sex <i>Female</i>			Color or Race <i>(Col)</i>			Birth-place <i>Ms.</i>					
Occupation <i>none</i>			Where Residing if not at place of death <i>Lovson</i>								
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband								
Father's Name <i>Samuel Williams</i>			Father's Birthplace <i>Ms.</i>								
Mother's Maiden Name <i>Margaret Myers</i>			Mother's Birthplace <i>Ms.</i>								
Name of person giving information <i>Alex Williams</i>			How related to deceased <i>Brother</i>								

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>		How long <i>2 hrs.</i>	
Immediate <i>Cardiac Asthma</i>		How long <i>20 Minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Boynton Crum</i>	
		Address <i>Lovson Ms.</i>	
Accident or Suicide? <i>no</i>			

John Burns Sons
Undertakers

Towson

Sandy Bottom
Cem.

Towson

Name
in
Full

Anna E. Willumson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rosbury* Town

County

*Balto*Date of death *1908*Month *4*Day *24*Age *1 1/2* YearsMonths *6*

Days

Sex *Female*Color or Race *White*Birth-place *Balto. Md.*Occupation *Infant*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Christian Willumson*Father's Birthplace *Balto. Md.*Mother's Maiden Name *Louise Lingelbach*Mother's Birthplace *Balto. Md.*Name of person giving information *Louise Willumson*How related to deceased *Mother*

CAUSES OF DEATH

92

Primary

Bronch. Pneumonia

How long

1 week

Immediate

Eclampsia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

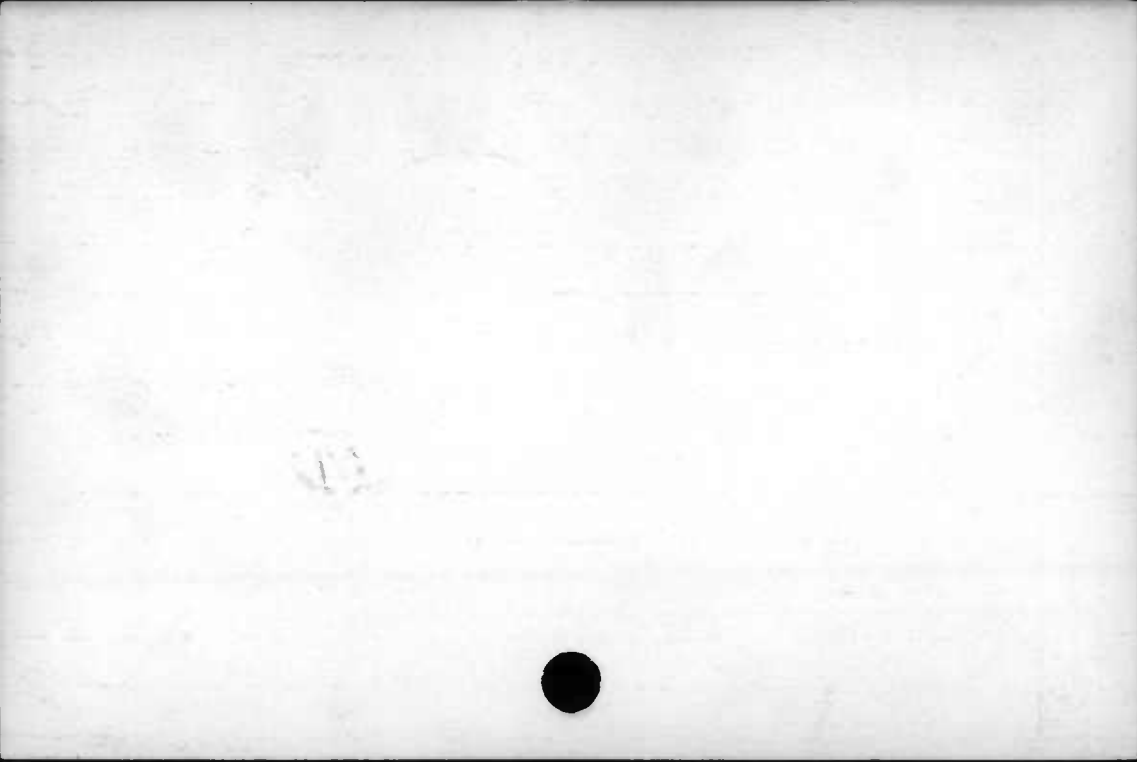
Signature of Physician

Address

*Dr. A. Meyer M. D.
1031 N. Caroline Str -
Balto. Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. P. Hosp. Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr.</i>	Day <i>12.</i>	Age <i>55</i>	Months <i>7</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penna.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Sheppard E. Pratt Hosp.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>David S. Wilson</i>				
Father's Name <i>Michael Lowman</i>	Father's Birthplace <i>Penna.</i>				
Mother's Maiden Name <i>Eliza Busch</i>	Mother's Birthplace <i>Penna.</i>				
Name of person giving information <i>Husband (D.S. Wilson)</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>1 yr.</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>1 month.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>	Signature of Physician <i>W. B. Cornell</i>
<i>J</i>	Address <i>Sheppard Hosp.</i>
Accident or Suicide?	

For Burial To
New Castle Pa.
E. Madison Mitchell
Balto. Md

Name
in
Full

Maud Wingate

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Styhl and town</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>4</i>	Day <i>3</i>	Age <i>17</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death <i>438 Lombard St</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Richard Wingate</i>					
Father's Name <i>Francis A. Wells</i>				Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>Fellie Shackelford</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Harry Wells</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Obstruction</i>	How long	<i>3 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Jas. R. Grady M.D.</i>	
<i>I</i>		Address <i>3 And Gough</i>	
Accident or Suicide? <i>no</i>		<i>Styhl and town, Md.</i>	

Batts cemetery
Herwig son
4/5/08

Name
in
Full

Lydia H. Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

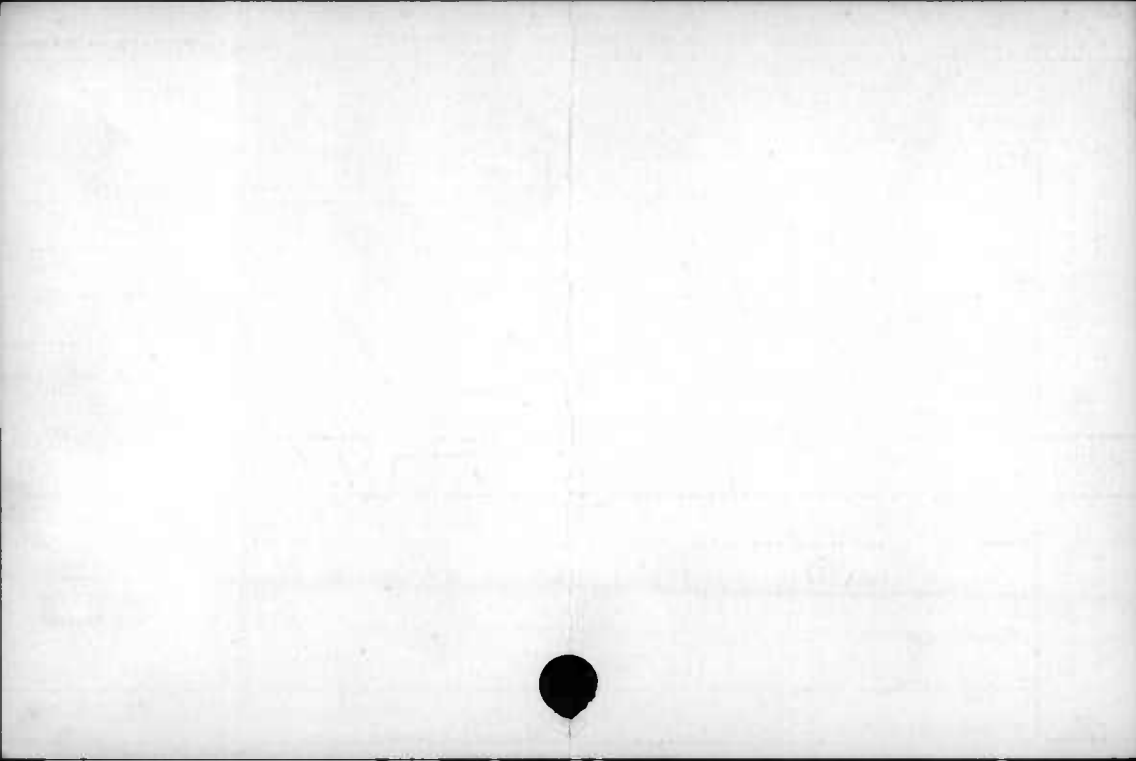
Died at <i>Sunnybrook</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	April	Day	21
Age		28		Years	
Sex		Female		Color or Race	White
Birth-place		Maryland			
Occupation		Housemaid		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		John Wolfe		Father's Birthplace	
Mother's Maiden Name		Elizabeth Burk		Mother's Birthplace	
Name of person giving information		John Wolfe		How related to deceased	
				Father	

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary	<i>Pericarditis</i>	How long	<i>Three weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John S. Green</i>	
		Address	
		<i>Wittinga</i>	
		<i>MD.</i>	
Accident or Suicide?			



Name
in
Full

Aurice Galegoris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Aurice Mills* ^{Town}*Baltimore* ^{County}

MARYLAND

Date of death 190 *8* ^{Month} *4* ^{Day} *1*Age *16* ^{Years}Months *4*Days *6*Sex *Female*Color or Race *White*Birth-place *Baltimore City*Married, Single or Widowed *Single*Occupation *School Girl*Name of Wife or Husband *-*Father's Name *Charles Galegoris*Father's Birthplace *Russia*Mother's Maiden Name *Jennie Mazer*Mother's Birthplace *Russia*Name of person giving information *Mr Cho-Galegoris*How related to deceased *Mother*

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONERPrimary *Epilepsy*How long *14 years*Immediate *Cardiac Failure during Convulsion*How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank W. Keating M.D.*Address *Aurice Mills**Maryland*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unknown</i> Town <i>Unknown</i> County <i>Unknown</i>		MARYLAND	
Date of death <i>190</i> Month <i>Unknown</i> Day <i>Unknown</i>		Age <i>Unknown</i> Years <i>Unknown</i> Months <i>Unknown</i> Days <i>Unknown</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Unknown</i>	
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>George Stillfox</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>172</i>
Immediate	How long <i>172</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
	Address <i>1570 Highland Ave</i>
Accident or Suicide <i>Unknown</i>	<i>Baltimore County Md</i>

